

# EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

Proceedings of the Community  
Epidemiology Work Group

**Highlights and Executive Summary**

January 2012

U.S. Department of Health and Human Services  
National Institutes of Health

**NIDA** NATIONAL INSTITUTE  
ON DRUG ABUSE

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NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH

Division of Epidemiology, Services and Prevention Research  
National Institute on Drug Abuse  
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The information presented in this Executive Summary is primarily based on CEWG area reports and meeting presentations prepared by CEWG representatives for the January 2012 CEWG meeting. Data/information from Federal sources supplemental to the meeting presentations and discussions have been included in this report to facilitate cross-area comparisons.

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# Foreword

This Executive Summary provides a synthesis of findings from reports presented and data prepared for the 71st semiannual meeting of the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG) held in San Antonio, Texas, on January 18–20, 2012. The CEWG is a network of researchers from sentinel sites throughout the United States. It meets semiannually to provide ongoing community-level public health surveillance of drug abuse through presentation and discussion of quantitative and qualitative data. CEWG representatives access multiple sources of existing data from their local areas to report on drug abuse patterns and consequences in their areas and to provide an alert to potentially emerging new issues. Local area data are supplemented, as possible, with data available from federally supported projects, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Drug Abuse Warning Network (DAWN); Drug Enforcement Administration (DEA), National Forensic Laboratory Information System (NFLIS); and the DEA, Heroin Domestic Monitor Program (HDMP). This descriptive and analytic information is used to inform the health and scientific communities and the general public about the current nature and patterns of drug abuse, emerging trends, and consequences of drug abuse.

The CEWG convenes twice yearly, in January and June. For the June meetings, CEWG representatives prepare full reports on drug abuse patterns and trends in their areas. After the meeting, a Highlights and Executive Summary Report is produced, and the full CEWG area reports are included in a second volume. For the January report, the representatives present an abbreviated report to provide an update on data newly available since the prior June report and to identify significant issues that have emerged since the prior meeting. These abbreviated reports, or Update Briefs, are included in this Executive Summary, along with highlights from the meeting and cross-site data compilations.

The majority of the January 2012 meeting was devoted to the CEWG area reports and presentations. CEWG area representatives presented data on recent drug abuse patterns and trends. Other highlights of the meeting included a welcome from Mimi McKay, M.A., M.L.I.S., Chief of Staff for the Mental Health and Substance Abuse Services, Texas Department of State Health Services; a welcome and update from Wilson Compton, M.D., M.P.E., Director of NIDA's Division of Epidemiology, Services and Prevention Research; an update on National Institute of Justice activities from Linda Truitt, Ph.D.; a presentation on scheduling emergency drugs of abuse by James Hunter, R.Ph., M.P.H., from the U.S. Food and Drug Administration; a presentation on trends in southwest border seizures by Sarah Bourne, from the DEA; a presentation from Richard Rawson, Ph.D., from the University of California, Los Angeles, on developing an Iraq CEWG; and presentations by DEA representatives, Cassandra Prioleau, Ph.D., and Artisha Polk, M.P.H., on NFLIS and emerging drugs of concern and drug scheduling issues. A workshop on poison control center data included these presentations: "Overview of Poison Control Centers," by Jan Scaglione, Pharm.D., M.T., D-ABAT, the CEWG guest researcher from Cincinnati, and "Poison Control Centers as a Data Source for Substance Abuse," by Mathias Forrester, epidemiologist with the Texas Department of State Health Services.

This Highlights and Executive Summary Report for the January 2012 CEWG meeting includes the CEWG Update Briefs, along with additional reports, and highlights findings from the CEWG area reports and discussions.

*Moiria P. O'Brien*

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Department of Health and Human Services

# Section I. Introduction

The 71st semiannual meeting of the Community Epidemiology Work Group (CEWG) was held on January 18–20, 2012, in San Antonio, Texas. During the meeting, CEWG area representatives from 20 geographically dispersed areas in the United States reported on current trends and emerging issues in their areas. In addition to the information provided for 18 sentinel areas that have contributed to the network for many years, guest researchers from Cincinnati and Maine provided data from their respective areas.

## The CEWG Network

The CEWG is a unique epidemiology network that has functioned since 1976 as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. Each source provides information about the abuse of particular drugs, drug-using populations, and/or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*. Typically, indicators do not provide estimates of the number (prevalence) of drug abusers at any given time or the rate at which drug-abusing populations may be increasing or decreasing in size. However, indicators do help to characterize drug abuse trends and different types of drug abusers (such as those who have been treated in hospital emergency departments, admitted to drug treatment programs, or died with drugs found in their bodies). Data on items submitted for forensic chemical analysis serve as indicators of availability of different substances and engagement of law enforcement at the local level, and data such as drug price and purity are indicators of availability, accessibility, and potency of specific drugs. Drug abuse indicators are examined over time to monitor the nature and extent of drug abuse and associated problems within and across geographic areas. The CEWG areas for which presentations were made at the January 2012 meeting are depicted in the map below, with one area presentation including data on Baltimore, Maryland, and Washington, DC. A second area presentation for South Florida included data on two Miami Metropolitan Statistical Area (MSA) counties.





## **CEWG Meetings**

The CEWG convenes semiannually; these meetings continue to be a major and distinguishing feature of the workgroup. CEWG representatives and guest researchers present information on drug abuse patterns and trends in their areas, and personnel from Federal agencies provide updates of data sets used by the CEWG. In addition, time is set aside for discussion sessions. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Through the meetings, the CEWG aims to:

- Disseminate the most up-to-date information on drug abuse patterns and trends in each CEWG area
- Identify changing drug abuse patterns and trends within and across CEWG areas

In addition to CEWG area presentations, time at each meeting is devoted to presentations by invited speakers. These sessions typically focus on the following:

- Presentations by researchers in the CEWG host city
- Updates by Federal personnel on key data sets used by CEWG representatives
- Drug abuse patterns and trends in other countries

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings and post-meeting communications.

## **Data Sources**

To assess drug abuse patterns and trends, city- and State-specific data were compiled from a variety of health and other drug abuse indicator sources. Such sources include public health agencies; medical and treatment facilities; ethnographic research; key informant discussions; criminal justice, correctional, and other law enforcement agencies; surveys; and other sources unique to local areas. Availability of data varies by area, so reporting varies by area. Examples of types of data reviewed by CEWG representatives to derive drug indicators include the following:

- Admissions to drug abuse treatment programs by primary substance of abuse or primary reason for treatment admission reported by clients at admission
- Drug-involved emergency department (ED) reports of drugs mentioned in ED visits reported by the Drug Abuse Warning Network (DAWN)
- Seizure, average price, average purity, and related data obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies
- Drug-related deaths reported by medical examiner (ME) or local coroner offices or State public health agencies



- Arrestee urinalysis results and other toxicology data
- Surveys of drug use
- Poison control center data<sup>1</sup>

Sources of data used by several or most of the CEWG area representatives and presented in this Highlights and Executive Summary Report are summarized below, along with some caveats related to their use and interpretation. The terminology that a particular data source uses to characterize a drug, for example, cannabis versus marijuana, is replicated here.

**Treatment data** were derived from CEWG area reports. For this report, they represent data for 17 CEWG metropolitan areas and 5 States: Colorado, Hawaii, Maine, Maryland, and Texas. Recent or complete treatment admissions data were not available for Chicago or Washington, DC. Data for several States are included with metropolitan data for comparison, including data for Colorado with Denver, Hawaii with Honolulu, and Maryland with Baltimore City. The reporting period is cited as the first half (1H) of calendar year (CY) 2011 (January–June 2011) for all areas. Appendix table 1 shows overall treatment admissions data by drug and CEWG area for the current reporting period. Table 2 in section II and several tables in section IV (tables 3, 4, 5, 7, 9, and 10) also display cross-area treatment admissions data.

**DAWN ED Weighted Estimates** for 12 CEWG areas for 2004 through 2009 were accessed on the DAWN Web site (<https://dawninfo.samhsa.gov/default.asp>) maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). A description of the DAWN system can be found at <https://dawninfo.samhsa.gov/default.asp>. CEWG Update Briefs in section III that include DAWN data are Denver/Colorado and Detroit.

**Forensic laboratory data** for a total of 23 CEWG sites were available for the first half of 2011. Data for all CEWG metropolitan areas in the first half of 2011 were provided by the National Forensic Laboratory Information System (NFLIS), maintained by the DEA. NFLIS is a program in the DEA Office of Diversion Control that systematically and continuously collects results from drug analyses of items received from drug seizures by law enforcement authorities. Drug analyses are conducted by Federal (DEA) forensic laboratories and participating State and local forensic laboratories. As of August 2011, in addition to the DEA laboratories, the NFLIS system included 48 State systems and 94 local or municipal laboratories/laboratory systems, representing a total of 283 individual laboratories. These laboratories handled more than 88 percent of the Nation's estimated 1.3 million annual State and local drug analysis distinct cases. Data are entered daily based on seizure date and the county in which the seizure occurred. NFLIS provides information on the types of controlled substances secured in law enforcement operations and assists in identifying emerging drug problems and changes in drug availability and in monitoring illicit drug use and trafficking, including the diversion of legally manufactured drugs into illegal markets. A list of participating and reporting State and local forensic laboratories is included in Appendix B of the U.S. Drug Enforcement Administration, Office of Diversion Control report, *National Forensic Laboratory Information System: Year*

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<sup>1</sup>Poison control center data are reported here as they are reported by area representatives in their Update Briefs and slide presentations. The fact that the terminology used by area representatives is repeated here does not necessarily mean that particular synthetic cannabinoids or cathinones are chemically verified.

*2010 Annual Report* (Washington, DC: U.S. Drug Enforcement Administration)<sup>2</sup>. The NFLIS data provided from DEA to the CEWG includes the first drug reported for each drug item identified. In most cases, data are for MSAs, rather than single metropolitan counties, but the exact geographic areas covered in this report are defined in appendix table 2. A map displaying NFLIS data for the first half of 2011 for 23 CEWG areas is included as figure 5 in section II, while table 1 and figure 1 in section II, and in section IV, figures 6–12 and tables 6, 8, 11, and 12, along with appendix tables 2.1–2.23, are provided to display the data on forensic laboratory drug items identified for the period across areas. Update Briefs in section III of this report also include NFLIS data for CEWG areas.

**Local drug-related mortality data** from medical examiners/coroners (ME/Cs) or State public health agencies were reported for 16 CEWG areas: the Baltimore/Maryland/Washington, DC, area; Boston; Cincinnati; Denver/Colorado; Detroit; Honolulu; Los Angeles; Maine; Miami-Dade and Broward Counties in South Florida; Minneapolis/St. Paul; Philadelphia; St. Louis; San Diego; San Francisco; Seattle; and Texas. These are described in Update Briefs in section III.

**Other data** cited in this report were local data accessed and analyzed by CEWG representatives. The sources included the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Surveillance System (YRBSS) and Youth Risk Behavior Survey (YRBS); DEAARCOS (Automation of Reports and Consolidated Orders System) data; DEA Heroin Domestic Monitor Program (HDMP) data; local law enforcement (e.g., data on drug arrests); local DEA offices (DEA field reports); High Intensity Drug Trafficking Area (HIDTA) reports; arrestee drug information from the Arrestee Drug Abuse Monitoring (ADAM) II system and from local and State corrections departments and facilities; poison control centers; crisis lines and help lines; prescription drug monitoring systems; local and State surveys; hospital admissions and discharge data; key informants and ethnographers; and human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) data from local and State health departments. As an important additional data source for surveillance of new and emerging drugs, poison control center data were used by several area representatives for this meeting reporting; figures 2, 3, and 4 in section II exemplify their use of these data.

## A Note to the Reader—Caveats

**Terminology and Geographic Coverage**—The CEWG representatives use existing data, which are subject to the definitions and geographic coverage of the source data. Representatives generally use the terminology as it is used in the data source. For example, many treatment systems use the phrase “other opiates” for classifying opiates<sup>3</sup> or opioids<sup>4</sup> other than heroin as the primary problem at admission. The term “other opiates” is therefore retained in this summary report, and the terms “other opiates” and “opioids” may be used in a single area report. Similarly, the term “prescription-type opioid” is used by some representatives to distinguish synthetic or semisynthetic opioids, such as oxycodone and hydrocodone, from heroin. The geographic coverage of data sources may vary within a CEWG area report. Readers are directed to the Data Sources paragraph in the CEWG

<sup>2</sup>This can be found at <https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS2010AR.pdf>.

<sup>3</sup>Opiate is defined as “any preparation or derivative of opium” by *Stedman's Medical Dictionary – 28th Edition*, Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

<sup>4</sup>Opioid is defined as “Originally a term denoting synthetic narcotics resembling opiates but increasingly used to refer to both opiates and synthetic narcotics” by *Stedman's Medical Dictionary – 28th Edition*, Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

area Update Briefs in section III for a more complete description of data sources used in specific areas. In this summary report, in most cases, the general name of the CEWG area will be used for data sources. For the treatment admissions and NFLIS data, the specific geographic coverage will be noted in footnotes. For example, appendix table 1 presents the treatment admissions data for each area, and footnotes specify the geographical coverage; appendix table 2 presents local area NFLIS data with notes on spatial composition.

Local comparisons are limited, or must be made with caution, for the following indicators:

**Treatment Admissions**—Many variables affect treatment admission numbers, including program emphasis, capacity, data collection methods, and reporting periods. Therefore, changes in admissions bear a complex relationship to drug abuse prevalence. Treatment data on primary abuse of specific drugs in this report represent percentages of total substance abuse admissions. Percentage distributions based on total substance abuse treatment admissions by drug were used for all cross-area comparisons. Data on demographic characteristics (gender, race/ethnicity, and age group) and route of administration of particular drugs were provided for some CEWG areas and reported in Update Briefs. The numbers of admissions for alcohol and other drugs in the first half of 2011 are presented for 22 reporting CEWG sites/areas in appendix table 1, with rankings documented in section II, table 2. Treatment data are not totally comparable across CEWG areas, and differences are noted insofar as possible. Treatment numbers are subject to change. Most of the CEWG area representatives report data accessed from local treatment programs or States, and these data are included in cross-area comparison tables in this report (section II, table 2; section IV, tables 3, 4, 5, 7, 9, and 10, and appendix table 1).

**ED Drug Reports**—For this meeting report, weighted estimate data were accessed at the DAWN Web site (<https://dawninfo.samhsa.gov/default.asp>). These data were used in area Update Briefs by CEWG area representatives for 2 of the 12 metropolitan areas for whom such data were available for 2004–2009 in the DAWN system: these are Denver/Colorado and Detroit.

**Forensic Laboratory Drug Items Identified**—NFLIS data include drug chemistry results from completed analyses only; drug evidence secured by law enforcement but not analyzed in laboratories is not included in the NFLIS database. State and local policies related to the enforcement and prosecution of specific drugs may affect drug evidence submissions to laboratories for analysis. Laboratory policies and procedures for handling drug evidence vary, and they range from analysis of all evidence submitted to the laboratory to analysis of selected items only. Many laboratories did not analyze the evidence when a case was dismissed or if no defendant could be identified (see NFLIS Year 2010 Annual Report cited earlier). Differences in local/State laboratory procedures and law enforcement practices across areas make cross-area comparisons inexact. Also, the data cannot be used for prevalence estimates, because they are not adjusted for population size. NFLIS data are reported as counts and as the percentage that each drug represents of the total number of drug items seized and identified by forensic laboratories in a CEWG area. Cases are assigned to a geographic area by the location of the seizure event, not the laboratory. Because the method of case assignment for the data provided by DEA to the CEWG has changed recently to assignment based on the geographic location from which items were submitted for identification, rather than the location of the laboratory that performed the item identification, NFLIS data for 2007 to the first half of 2010 cannot be compared with pre-2007 data presented in prior CEWG reports. The nature of the reporting system is such that there may be a time lag between the time of seizure, the time

of analysis of drug items, and the time of reporting to the NFLIS system. Therefore, differences in the number of drug items for a specified time period may occur when NFLIS is queried at different times, since data input is daily and cases may be held for different periods of time before analysis and reporting in various areas and agencies. Numbers of drug items presented in these reports are subject to change and may differ when drawn on different dates. Not all forensic laboratories report on substances that are not controlled, rendering some comparisons of such drugs inaccurate.

**Deaths**—Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-detected,” “drug-induced,” “drug-caused,” and “drug-involved.” These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions. Cross-area tabulations of mortality drug abuse indicators are not included in this report.

**Arrest and Seizure Data**—The numbers of arrests and quantities of drugs seized may reflect enforcement policy and resources, rather than level of abuse.

## Local Area Comparisons

The following methods and considerations pertain to local area comparisons:

- Local areas vary in their reporting periods. Some indicators reflect fiscal periods that may differ among local areas. In addition, the timelines of data vary, particularly for death and treatment indicators. Spatial units defining a CEWG area may also differ depending on the data source. Care has been taken to delineate the definition of the geographic unit under study for each data source, whether a city, a single metropolitan county, an MSA, or some subset of counties in an MSA. In some instances, data were compiled by region defined by the U.S. Census as northeastern, southern, midwestern, and western regions. Texas is included in the western region in this report, rather than in the census-defined southern region, based on member recommendations concerning area comparability of drug patterns and similarity of population characteristics to other western areas.
- In section IV of this report, percentages for treatment program admissions are calculated with primary alcohol admissions included in the total on which percentages are based. All cross-area comparisons use this measure, although in CEWG reporting prior to June 2011, percentages of specific drug-related primary admissions were calculated using totals both including and excluding alcohol admissions in denominators. All treatment data in the cross-area comparison section of this report cover January through June 2011, which is characterized as the current reporting period.
- Some indicator data are unavailable for certain cities. Therefore, the symbol, “NR,” in tables refers to data not reported by the CEWG area representative.
- The population racial/ethnic compositions differ across CEWG areas. Readers are directed to the individual CEWG area Update Briefs in section III of this report for information regarding treatment patterns and trends pertaining to race/ethnicity, age, and gender, if discussed.

## **Section II. Highlights and Summary of Key Findings and Emerging Drug Issues From the January 2012 CEWG Meeting**

### **Highlights and Summary of Key Findings and Emerging Drug Issues From the January 2012 CEWG Meeting**

The cornerstone of the CEWG meeting is the CEWG area report. Area representatives provide 20-minute presentations summarizing the most recent data pertaining to illicit and abused drugs and noting changes since the prior meeting. These data are viewed as indicators of the drug problem in an area. Indicators reflect different aspects of the drug abuse situation in an area, such as prevalence of abuse of drugs (e.g., survey findings), consequences of drug abuse (e.g., drug-involved ED reports, substance abuse treatment admissions, and drug-related deaths), and availability of abused substances or law enforcement engagement (e.g., drug seizures). Qualitative information from ethnographic studies or local key informants is also used to describe drug use patterns and trends, and it may be particularly informative in the early identification of new issues or substances being misused or abused.

In presenting area reports, CEWG representatives are invited to use their professional judgment and knowledge of the local context to provide an overall characterization of the indicators for their areas, as possible, given available data; that is, to assess whether indicators appear to be stable, increasing, decreasing, or are mixed so that no consistent pattern is discernible. CEWG representatives may also provide an overall characterization of the level of the indicators as high, moderate, or low, or identify when particular drugs are considered to be the dominant drugs of abuse in an area. Some indicators are sensitive to recent changes in local policy or law enforcement focus; therefore, representatives use their knowledge of the local context in describing and interpreting data available for their area. The key findings of this CEWG meeting are presented this section.

For the January 2012 CEWG meeting, CEWG representatives were invited to provide an update on drug abuse trends in their areas for the first half of 2011 (January–June). Key findings and issues identified at the CEWG meeting are highlighted in this section, with more detail provided in the local area Update Briefs included in section III of this report. These area Update Briefs document and summarize drug abuse trends and issues in specific CEWG areas, with an emphasis on information newly available since the June 2011 meeting reports. The availability of data varies by area. Readers are directed to the Data Sources section of the Update Briefs to determine which data sources were reviewed for particular areas. Subsequent to the CEWG meeting, data available across a majority of CEWG areas, such as substance abuse treatment admissions and information from NFLIS, are reviewed. These data are presented in tabular and graphical formats in section IV of this report and in appendix tables 1 and 2.1–2.23. Highlights from these cross-area tabulations are also included in this section.

Findings in this report are summarized by type of substance, but it is important to note that polysubstance abuse continues to be a pervasive pattern across CEWG areas.



## Highlights: January 2012 CEWG Meeting

This section summarizes the key findings of the January 2012 CEWG meeting. Detailed substance abuse treatment admissions and NFLIS data are contained in tables 1 and 2 and appendix tables 1 and 2. NFLIS top 10 rankings are shown in table 1, while figure 5 is a map displaying proportions of cocaine, heroin, methamphetamine, and marijuana/cannabis drug items seized and identified in the first half of 2011 across all CEWG areas. Table 2 shows the top-ranked primary drugs in treatment admissions across the CEWG areas, as a percentage of total substance abuse treatment admissions.

### Cocaine

- **Treatment Admissions:** Cocaine did not rank in either first or second place in the percentage of total treatment admissions in any of the 22 CEWG areas reporting treatment admissions. It ranked third in seven areas—Atlanta, Boston, Cincinnati, Detroit, Philadelphia, South Florida/Miami-Dade County, and Texas (table 2). The highest proportion of substance abuse treatment admissions for the primary problem of cocaine was in South Florida/Miami-Dade County, at 21.4 percent of total admissions, while the lowest proportion was in Maine, with 3.4 percent (section IV, table 3).
- **Seized Items Identified as Cocaine (NFLIS):** Despite a decline in indicators in several areas, cocaine was the drug most frequently seized and identified by NFLIS forensic laboratories in 7 of 23 reporting CEWG areas—Atlanta, Denver, Maine, Miami, New York City, Philadelphia, and Seattle. It ranked second among the most frequently identified drug items in 10 areas, namely Baltimore City, Boston, Chicago, Cincinnati, Colorado, Detroit, Los Angeles, Maryland, Texas, and Washington, DC; third in 5 areas; and fourth in 1 area (table 1). The proportion of cocaine items identified in NFLIS laboratories in the first half of 2011 ranged from 8.6 percent in Phoenix to 51.3 percent in Miami (section IV, figure 6; appendix table 2).
- **Adulterants (Levamisole):** Four area representatives reported on the continuing presence of levamisole in cocaine laboratory analysis indicators.
  - **Cincinnati Report.** In the Cincinnati area, DEA laboratory analyses revealed that 9 out of 10 of cocaine samples tested contained levamisole.
  - **Detroit Report.** Levamisole continued to be detected in many deaths involving cocaine in Detroit ( $n=182$  in 2011, compared with  $n=157$  in 2010 and  $n=176$  in 2009).
  - **Maine Report.** Levamisole was detected in 47 percent of cocaine samples tested in Maine's forensic laboratory in 2011; this was an increase over 31 percent in 2010.
  - **Philadelphia Report.** Levamisole was present in 78 percent of cocaine-positive decedents reported by the Philadelphia ME in the first half of 2011, an increase from 56 percent of cocaine-positive decedents in 2009 and 73 percent in 2010.

## Heroin

- **Treatment Admissions:** In the first half of 2011, substance abuse treatment admissions for which heroin was reported as the primary drug of abuse ranked first among total admissions in 2 of the 20 CEWG reporting areas (Baltimore City and Boston), second in 4 areas (Detroit, Maryland, St. Louis, and San Diego), and third in 5 areas (Los Angeles, Minneapolis/St. Paul, New York City, San Francisco, and Seattle) (table 2). Primary heroin treatment admissions, as a percentage of total substance abuse treatment admissions, were highest in Boston (53.2 percent) and lowest in Hawaii (1.2 percent) in the first half of 2011 (section IV, table 4).
- **Seized Items Identified as Heroin (NFLIS):** Heroin did not rank first among drug items seized in any CEWG area, although it ranked second in St. Louis in the first half of 2011 (table 1). In close to one-half (12) of 23 CEWG areas, heroin items accounted for less than 10 percent of total drug items identified in NFLIS forensic laboratories in the first half of 2011. The proportion was highest in Baltimore City (22.4 percent). It was lowest in Honolulu, at 2.0 percent of drug items identified (figure 5; section IV, figure 7; appendix table 2).
- **Shifts in Demographic Characteristics of Heroin Users:**
  - **Denver/Colorado Report.** According to the area representative from the Denver/Colorado area, qualitative data, including information from the Denver Epidemiology Work Group, indicated a growing concern related to an increase in new heroin treatment clients who were young adults. These clients were reported as having switched from prescription opioids to heroin, possibly due to availability and cost. The average age of heroin treatment clients seeking first treatment in the Denver area was reported as declining, from age 31.6 in the first half of 2010 to 28.7 in the first half of 2011.
  - **Los Angeles Report.** The proportion of young adult (age 18–34) primary heroin treatment admissions increased in the Los Angeles area, from 34 percent of all admissions in the first half of 2010 to 40 percent in the first half of 2011. The area representative noted that law enforcement agencies were reporting an increase in heroin in affluent areas of Los Angeles County, and agency representatives were speculating that “kids get addicted to prescription opioids and then switch to heroin because it is cheaper.”
  - **Seattle Report (including San Diego).** In King County, the number of heroin treatment admissions among clients age 18–29 approximately doubled from 1999 through June 2011, and increased in number from 575 in 2008, to 672 in 2009, 786 in 2010, and 473 for the first half of 2011 (with an annualized estimate of  $n=946$ ). The Seattle area representative reported that results from studies conducted in San Diego and Seattle revealed that approximately 40 percent of young (age 29–40) heroin injection drug users interviewed for the study in those cities reported problematic prescription-type opioids use prior to using heroin.
  - **Chicago Report.** The Chicago area representative reported that local studies showed a larger proportion of young, White heroin injectors in suburban areas outside Chicago than in the city itself in the first half of 2011.



- **Detroit Report.** The most striking trend for heroin admissions both in Detroit and in the rest of Michigan was reported by the area representative as the continuing influx of young, White treatment clients in the current reporting period. White heroin treatment clients in the Detroit area continued to have a lower mean age and were more likely to inject heroin than African-American heroin treatment clients. The mean age for the former was 38.2 years, compared with 51.5 for the latter, and heroin injectors represented 71.7 percent of White heroin clients, versus 34.8 percent of African-American heroin clients.
- **Philadelphia Report.** Qualitative data from focus group participants who were injecting heroin daily in December 2011 indicated a shift to heroin due to the high cost of oxycodone in the Philadelphia area. Conversion to injection from snorting by new users was happening more quickly than previously noted, according to the interviews, as reported by the Philadelphia area representative.
- **New Forms of Heroin:**
  - **Phoenix Report.** According to the CEWG area representative from Phoenix, the DEA Phoenix Field Division began reporting in February 2011 that white heroin was found to be available for sale for the first time at the retail level. In Yuma, Arizona, there were reports of Mexican brown heroin being mixed with unknown chemicals to turn it white, and there were reports of a type of heroin called F-2 being sold. (F-2 is of lower quality and price and cannot be mixed or cut with other chemicals.)
  - **Seattle Report.** In the Seattle area, Federal law enforcement personnel seized five different forms of heroin in a single case, according to the Seattle area representative. All forms had different appearances (e.g., gunpowder or “peanut brittle”). However, all tested as Mexican black tar heroin.

## Opiates/Opioids Other Than Heroin

- **Treatment Admissions:** While none of the 20 CEWG reporting areas in the first half of 2011 ranked other opiates as being first as primary substances of abuse in percentages of total substance abuse treatment admissions, in two areas—Maine and South Florida/Broward County—other opiates ranked second. Proportions of treatment admissions for primary abuse of opiates other than heroin were highest in Maine and South Florida/Broward County, where 34.9 and 24.7 percent of primary treatment admissions, respectively, were for other opiate problems in this reporting period. The lowest proportions of primary treatment admissions for other opiates were in New York City and San Francisco (2.7 percent each) (section IV, table 5).
- **Seized Items Identified as Oxycodone (NFLIS):** In all but 2 areas (Chicago and Texas), oxycodone ranked among the top 10 drug items seized and identified. In Maine, oxycodone ranked second among drug items identified; it ranked third in Atlanta and Miami and fourth in Boston, Cincinnati, Maryland, New York City, and Philadelphia. Maine had the highest percentage of oxycodone drug items identified in the first half of 2011, at 16.8 percent, and Chicago had the lowest percentage, at 0.2 percent (section IV, table 6 and figure 8).

- **Seized Items Identified as Hydrocodone (NFLIS):** In all but 5 areas, hydrocodone was listed among the top 10 most frequently identified drugs in the first half of 2011 (these areas were Baltimore City, Boston, Minneapolis/St. Paul, New York City, and Washington, DC). Hydrocodone ranked fourth in frequency of drug items identified in Detroit, San Francisco, and Texas, and it ranked fifth in Atlanta, Chicago, Cincinnati, St. Louis, and San Diego (table 1). Texas and Atlanta showed the highest proportions of NFLIS hydrocodone drug items seized and identified, at 5.2 and 5.0 percent, respectively, in the first half of 2011. The lowest proportion of hydrocodone drug items seized was in Baltimore City, at 0.1 percent (section IV, table 6 and figure 9).
- **Seized Items Identified as Buprenorphine (NFLIS):** Based on the ranking of drug items identified in the NFLIS system, buprenorphine was among the top 10 drugs identified in 10 of 23 areas. It ranked fourth among identified NFLIS drug items in Baltimore City, fifth in Boston and Maine (tied with 3,4-methylenedioxymethamphetamine [MDMA]), and sixth in Maryland (table 1). Buprenorphine was seized and identified in NFLIS forensic laboratories in all 23 reporting CEWG areas in this reporting period. Proportions were highest in Maine, at 3.2 percent of the total items analyzed. Sixteen areas had less than 1.0 percent of all items identified as buprenorphine in the first half of 2011 (section IV, table 6).
- **Seized Items Identified as Methadone (NFLIS):** Methadone ranked 7th among seized and identified drug items in New York City and Seattle, 8th in San Francisco, 9th in Baltimore City and Maine, and 10th in Atlanta and Maryland during this reporting period (section II, table 1). Seattle, Maine, New York City, and Atlanta were the only areas reporting proportions of NFLIS drug items containing methadone at 1.0 percent or higher. Totals were 2.0, 1.8, 1.3, and 1.0 percent, respectively (section IV, table 6).
- **Seized Items Identified as Codeine (NFLIS):** Codeine ranked seventh among all identified drug items in Philadelphia forensic laboratories. It ranked ninth among all items seized and identified in forensic laboratories in Los Angeles and San Francisco in the first half of 2011. Codeine was found in 1 or more items seized and identified in NFLIS laboratories in 21 CEWG areas. Items identified as codeine represented more than 1.0 percent of total items in only one area, Philadelphia (1.2 percent) (appendix table 2).
- **Codeine Drinks:** Area representatives from Atlanta and Chicago reported an increase in the popularity of drinks containing codeine, which had been reported by the Texas area representative in the past.
  - **Chicago Report.** In the Chicago area in the first half of 2011, ethnographic reports indicated that codeine cough syrup mixed with sugary drinks and sometimes spicy candies (called “Lean”) was gaining in popularity among people in their teens through early thirties in some African-American neighborhoods.
  - **Atlanta Report.** The area representative reported that a local study indicated the use of Lean in the Atlanta area, usually a similar combination of codeine cough syrup, soda, and candies.
- **Seized Items Identified as Oxymorphone (NFLIS):** While it did not appear among the top 10 drug items seized and identified in forensic laboratories, oxymorphone was identified in 1 or more items in 18 CEWG areas. However, it did not constitute more than 1.0 percent of total items in

any CEWG area in the first half of 2011. The highest percentage of total items identified was 0.3 percent of total items in Detroit.

- **Oxymorphone:** Six CEWG representatives reported growing concern about oxymorphone in their areas, with the Cincinnati representative reporting specific indicators from poison control center data and the South Florida representative reporting death indicator data.
  - **Cincinnati Report.** Pill identification calls for oxymorphone increased from 112 calls in 2010 to 722 calls in 2011 in Cincinnati poison control center data. Numbers of human exposure calls to poison control centers in Cincinnati involving oxymorphone have increased over the past 5 years, according to the area representative, with the largest increase occurring from 2010 ( $n=20$ ) to 2011 ( $n=37$ ).
  - **South Florida/Miami-Dade and Broward Counties Report.** Deaths in which oxymorphone was detected accounted for the greatest increase in opioids-related deaths in the State of Florida. There was a 109-percent increase in such deaths from 2009 ( $n=236$ ) to 2010 ( $n=493$ ).

## Benzodiazepines

- **Treatment Admissions:** Benzodiazepine treatment admissions ranked fifth in Cincinnati, but they did not rank higher than sixth in any other area of the 23 CEWG areas reporting benzodiazepine admissions in the first half of 2011 (table 2). In the nine CEWG reporting areas where treatment admissions data on benzodiazepine-related primary treatment admissions were available at 1.0 percent or more of total substance abuse admissions, these admissions were highest in Philadelphia in the first half of 2011, at 5.3 percent of total admissions, and lowest in Baltimore City and Maine, each with 1.0 percent of total admissions (section IV, table 7).
- **Seized Items Identified as Alprazolam (NFLIS):** Alprazolam ranked no higher than fourth among the top 10 drug items identified in forensic laboratories in any of the 23 CEWG areas. It ranked fourth in Atlanta and Miami and fifth in Detroit, Honolulu, Maryland, New York City, Philadelphia, and Texas (table 1). Atlanta and Texas had the highest percentages of alprazolam drug items identified in NFLIS forensic laboratories in the first half of 2011, at 5.9 and 5.0 percent, respectively. The lowest proportion was observed in Washington, DC, at 0.2 percent (section IV, table 8 and figure 10).
- **Seized Items Identified as Clonazepam (NFLIS):** Drug items containing clonazepam accounted for 2.8 percent of all drug items in Boston (section IV, table 8), where clonazepam figured as the sixth most frequently identified drug in forensic laboratories in the first half of 2011 (table 1). Boston's percentage was the highest of the CEWG areas; clonazepam accounted for 1.0 percent of items analyzed in Maine. All of the other areas had less than 1.0 percent (section IV, table 8).
- **Seized Items Identified as Diazepam (NFLIS):** Diazepam ranked 9th in Cincinnati and 10th in San Francisco in the first half of 2011, but it did not rank among the top 10 most frequently identified in NFLIS forensic laboratories in any other CEWG area in this reporting period (table 1). Diazepam represented 1.2 percent of drug items seized and identified in forensic laboratories in Maine in the first half of 2011; this was the only area where diazepam items constituted more than 1.0 percent of total items (section IV, table 8).

## Methamphetamine

- **Treatment Admissions:** Methamphetamine ranked first in treatment admissions as a percentage of total admissions in Hawaii and San Diego; second in San Francisco; third in Colorado, Denver, and Phoenix; and fourth in Los Angeles (table 2). In the first half of 2011, the proportions of primary substance abuse treatment admissions for methamphetamine in 12 CEWG areas reporting these data were especially high in Hawaii and San Diego, at approximately 39 and 29 percent, respectively. They were also relatively high in Phoenix, San Francisco, and Los Angeles, with respective approximate percentages of 22, 19, and 16 (section IV, table 9).
- **Seized Items Identified as Methamphetamine (NFLIS):** In the first half of 2011, methamphetamine ranked first among all drugs in proportions of NFLIS drug items seized and identified in forensic laboratories in Honolulu and San Francisco; second in Atlanta, Minneapolis/St. Paul, Phoenix, San Diego, and Seattle; and third in Colorado, Denver, Los Angeles, and Texas (table 1). The largest proportions of methamphetamine items identified were reported in Honolulu (approximately 49 percent), followed by San Francisco (approximately 35 percent) and San Diego and Atlanta (approximately 28 and 24 percent, respectively). In contrast, less than 5.0 percent of drug items identified as containing methamphetamine were reported in 11 CEWG metropolitan areas east of the Mississippi, including Baltimore City, Boston, Chicago, Cincinnati, Detroit, Maine, Maryland, Miami, New York City, Philadelphia, and Washington, DC (figure 5; section IV, figure 11; appendix table 2).
- **P2P Process (Texas Report):** The potency and purity of methamphetamine made using the P2P (phenyl-2-propanone) process in Mexico was increasing, as Mexican “cooks” refine the product, according to the DEA’s Methamphetamine Profiling Program and reported by the Texas area representative.
- **“Ephedra Tea” (Phoenix Report):** According to the DEA Phoenix Field Division, when it is difficult to obtain ephedrine and pseudoephedrine from Mexico, an alternative substance appears to be “ephedra tea,” “tea,” or “synthetic 1.” It comes from China, and the price is approximately \$5,000–\$6,000 for a large bucket size container. Using a number of additional chemicals, it can be processed into methamphetamine; the resulting product is typically of low quality.

## Marijuana/Cannabis:

- **Treatment Admissions:** Marijuana ranked as the most frequent primary substance abuse problem reported in total substance abuse treatment admissions in 6 of 22 CEWG areas—Cincinnati, Los Angeles, Philadelphia, Phoenix, and South Florida/Miami-Dade and Broward Counties. Marijuana ranked second among primary drugs of admission in seven additional areas: Atlanta, Colorado, Denver, Minneapolis/St. Paul, New York City, Seattle, and Texas (table 2). Primary marijuana treatment admissions as a percentage of total admissions were highest in the first half of 2011 in South Florida/Miami-Dade County (40.0 percent), South Florida/Broward County (31.9 percent), and Cincinnati (30.8 percent). The lowest proportion of such total admissions was in Boston, at 3.2 percent (treatment admissions in Boston exclude clients younger than 14), and Maine, at 9.7 percent (section IV, table 10).

- **Seized Items Identified as Marijuana/Cannabis (NFLIS):** Marijuana/cannabis ranked in either first or second place in frequency in the proportion of NFLIS drug items seized and identified in forensic laboratories in the first half of 2011 in 20 of the 23 CEWG areas (table 1). Marijuana/cannabis ranked in first place among identified drugs in 14 of 23 CEWG areas in this reporting period: Baltimore City, Maryland, and Washington, DC, in the South; Boston in the Northeast; Chicago, Cincinnati, Detroit, Minneapolis/St. Paul, and St. Louis in the Midwest; and Colorado, Los Angeles, Phoenix, San Diego, and Texas in the West. It ranked second in six areas: Miami in the South; New York City and Philadelphia in the Northeast; and Denver, Honolulu, and San Francisco in the West. It ranked third in Maine, fourth in Seattle, and sixth in Atlanta (table 1). The highest proportion of marijuana items identified in the NFLIS system was in Chicago, at approximately 59 percent, while the lowest proportion was in Atlanta, at 3.2 percent (figure 5; section IV, figure 12; appendix table 2).

### Other Drugs:

- **Treatment Admissions: MDMA** (3,4-methylenedioxymethamphetamine) was either not separated out in local area treatment admissions data or was under 1.0 percent of total treatment admissions in all areas in the first half of 2011.
- **Seized Items Identified as MDMA (NFLIS):** In the first half of 2011, MDMA ranked among the top 10 drug items seized and identified in 13 areas. It ranked fourth in Chicago; fifth in Colorado, Denver, Los Angeles, and Maine; sixth in San Diego, San Francisco, and Seattle; seventh in Miami and Texas; eighth in Detroit; and ninth in Minneapolis/St. Paul and Phoenix (table 1).
- **Seized Items Identified as 5-MeO-DIPT or Foxy Methoxy (NFLIS):** The drug 5-MeO-DIPT (5-Methoxy-N, N-diisopropyltryptamine), or Foxy methoxy, ranked among the top 10 most frequently identified drug items in the first half of 2011 in 5 reporting areas, ranking 5th in Washington, DC, 7th in Detroit, 8th in Minneapolis/St. Paul, 9th in Chicago (tied with methamphetamine), and 10th in Baltimore City (table 1; appendix table 2). It was identified as contained in drug items seized and analyzed in NFLIS forensic laboratories in 18 of 23 CEWG areas in the first half of 2011. Not included were Honolulu, Los Angeles, Maine, Philadelphia, and San Diego. Percentages ranged from 3.4 percent in Washington, DC, to 1.1 percent in Minneapolis/St. Paul. It was identified in less than 1.0 percent in the remaining areas.
- **Seized Items Identified as BZP (NFLIS):** In the first half of 2011, BZP (1-benzylpiperazine) ranked among the top 10 drugs identified in NFLIS forensic laboratories in 8 of 23 areas. It ranked 6th in two areas (Chicago and Washington, DC); 7th in one area (Baltimore City); 8th in one (Miami); 9th in three (Denver, Detroit, and Texas); and 10th in one (Colorado) (table 1). The highest proportion was in Washington, DC, at 2.5 percent. Items identified as BZP constituted 1.0 percent of the total in Maine; in all of the other areas, the drug represented less than 1.0 percent of the total. No items were identified as BZP in Honolulu (section IV, table 12).
- **Seized Items Identified as TFMPP (NFLIS):** TFMPP (1-(3-trifluoromethylphenyl)piperazine) is a synthetic substance with no accepted medical use in the United States that is used for its hallucinogenic effects<sup>5</sup>. In the first half of 2011 forensic laboratory data, TFMPP ranked in the top 10 in

<sup>5</sup>More information on TFMPP can be found in the Federal Register Notice 68 FR 52872.



frequency among drug items identified in 1 area, Atlanta, where it ranked eighth (table 1; appendix table 2.1). TFMPP was identified among NFLIS drug items analyzed in 8 of the 23 reporting areas in the first half of 2011: Atlanta, Chicago, Los Angeles, Minneapolis/St. Paul, Phoenix, Philadelphia, Texas, and Washington, DC. Atlanta had the highest proportion, at 1.9 percent.

- **Seized Items Identified as Ketamine (NFLIS):** Ketamine appeared among the top 10 most frequently identified drug items in one area for the first time; it ranked ninth among drug items seized and identified in New York City in the first half of 2011 (table 1; appendix table 2.15). Ketamine was identified in the NFLIS system in the first half of 2011 in all but 5 of 23 areas: Honolulu, Maine, Minneapolis/St. Paul, St. Louis, and Washington, DC. The highest proportion was 1.0 percent in New York City (section IV, table 12).
- **Seized Items Identified as PCP (NFLIS):** PCP (phencyclidine) was reported in 19 of 23 CEWG areas among total drug items seized and identified in NFLIS laboratories in the first half of 2011. No PCP drug items were reported in Atlanta, Cincinnati, Denver, and Honolulu, (section IV, table 12; appendix table 2). PCP was among the top 10 most frequently identified drug items in 7 of 23 CEWG areas in this 2011 reporting period. In Washington, DC, PCP ranked fourth as the most frequently identified drug item in forensic laboratories. PCP was also among the top 10 drug items identified in New York City and Philadelphia, where it ranked sixth in each area. In the first half of 2011, PCP ranked seventh in Los Angeles and Maryland, eighth in Chicago, and ninth in Seattle (table 1).
- **Seized Items Identified as Carisoprodol (NFLIS):** Carisoprodol is a muscle relaxant and central nervous system depressant that is available by prescription as Soma®<sup>6</sup>. As of January 2012, carisoprodol is a schedule IV drug. In this reporting period, drug items containing carisoprodol ranked eighth among the top 10 NFLIS drug items identified in NFLIS laboratories in 2 areas: Phoenix (with 1.4 percent of all items) and Texas (with 1.2 percent of all items identified) (table 1; appendix table 2). Carisoprodol was identified among NFLIS drug items seized and analyzed in 17 of 23 reporting areas in the first half of 2011; it was not identified in 6 areas (Baltimore City, Chicago, Colorado, Denver, Philadelphia, and Washington, DC) (section IV, table 12).

## Spotlight on New Synthetic or “Designer” Drugs

### Synthetic Cannabinoids

**Synthetic (or “designer”) cannabinoids<sup>7</sup>** have been detected in products marketed under various names, including “Spice” and “K2.” These synthetic cannabinoids bind to the same receptors in the body as THC (tetrahydrocannabinol), the primary psychoactive component of marijuana. Some of these compounds, however, bind more strongly to the receptors, which could lead to much more powerful and unpredictable effects. These compounds have not been fully characterized for their effects and their toxicity in humans. Use of products containing synthetic cannabinoids has been linked to ED visits and calls to poison control centers. The Drug Enforcement Administration

<sup>6</sup>More information about carisoprodol and Soma® can be found at <http://www.nlm.nih.gov/medlineplus/druginformation.html>.

<sup>7</sup>More information about the synthetic cannabinoids “Spice” and “K2” can be found at: <http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=spice&x=11&y=7>.

enacted emergency scheduling of five of the synthetic cannabinoids (JWH-018, JWH-073, JWH-200, CP-47,497, and CP-47,497 C8 homolog) in March 2011 under the Controlled Substances Act to avoid an imminent hazard to public safety.

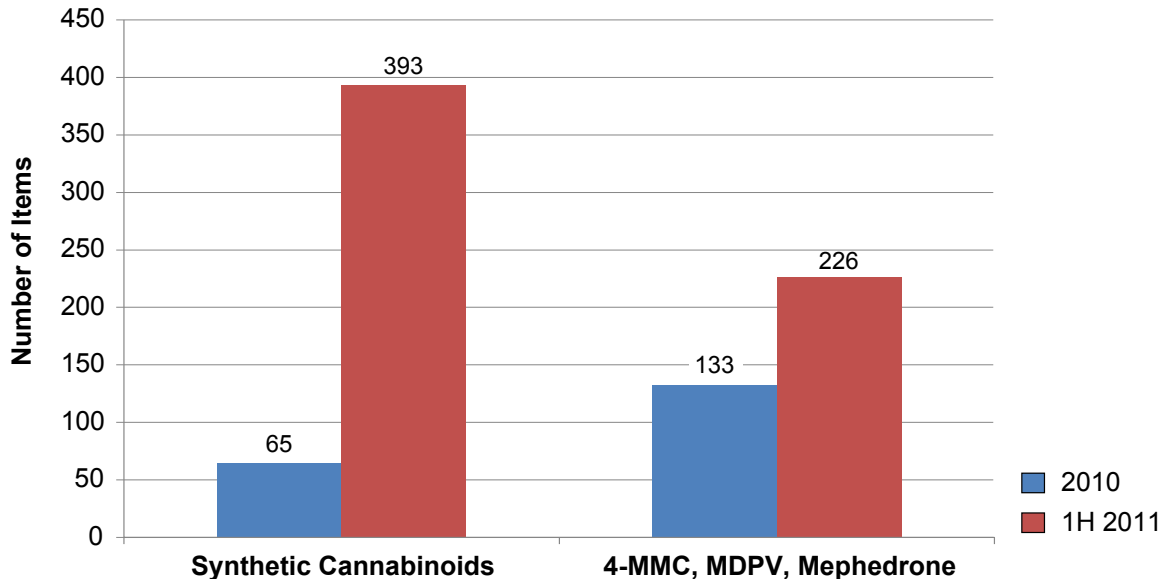
- **Seized Items Identified as Synthetic Cannabinoids (NFLIS):** The synthetic cannabinoids JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-203, JWH-210, JWH-250, and the CP 47,497-C9-homolog did not rank among the top 10 drug items identified in any CEWG area. One or more of these synthetic cannabinoids were identified in 16 CEWG areas. The total number of synthetic cannabinoids drug items identified ranged from 311 items in Texas, to 55 items in Chicago and Maryland; 43 items in St. Louis; and 1–24 items in Atlanta, Colorado, Denver, Detroit, Honolulu, Miami, Minneapolis/St. Paul, New York City, Phoenix, San Diego, Seattle, and Washington, DC.
- Twelve CEWG representatives from the following areas reported on synthetic cannabinoids and related products: Denver/Colorado, Los Angeles, Phoenix, San Diego, San Francisco, Seattle, and Texas in the western region; Chicago, Cincinnati, Detroit, and Minneapolis/St. Paul in the Midwest; and the South Florida/Miami-Dade and Broward Counties area in the southern region.

#### *Western Region CEWG Areas:*

- **Denver/Colorado Report:** In the Denver/Colorado area, numbers of human exposure calls for synthetic cannabinoids to the Rocky Mountain Poison and Drug Center increased from 2009 to 2010, but they were stable from CY 2010 ( $n=44$  calls) to 2011 ( $n=43$  calls as of mid-December).
- **Phoenix Report.** In the Phoenix area, poison control center calls in Maricopa County related to Spice and K2 increased substantially, from no calls in the first half of 2010, to 63 calls in the first half of 2011 and 127 calls in the second half of 2011.
- **Texas Report.** According to the Texas area representative, there were 504 calls to Texas poison control centers about synthetic cannabinoids in 2010 and 587 in 2011. The highest number of calls about these drugs was recorded in the month of July 2011, with 90 calls in that month. NFLIS data show a recent increase in the number of synthetic cannabinoids seized and identified in Texas forensic laboratories, from 65 such drug items identified in 2010 to 393 identified in the first half of 2011. Synthetic cannabinoids included in the total are a general category of "Synthetic cannabinoid," JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-203, JWH-210, JWH-250, and CP 47,497-C9-homolog (figure 1).
- **Los Angeles Report:** The Los Angeles representative reported that the LA HIDTA was beginning to receive reports of Spice in that area.
- **San Diego Report:** The representative from San Diego reported on increasing attention in the news media paid to problems in that area with the use and abuse of Spice products among military personnel.



**Figure 1. Number of Synthetic Cannabinoids and Synthetic Cathinones Among NFLIS Drugs Items Seized and Identified in Forensic Laboratories, Texas: 2010 and 1H 2011**



SOURCE: NFLIS, DEA, as reported by Jane C. Maxwell at the January 2012 CEWG Meeting

- **San Francisco Report.** The San Francisco representative reported that legislation passed in California in 2011 made it a misdemeanor to sell or distribute the Spice and K2 synthetic cannabinoids.
- **Seattle Report.** The use of Spice and K2 continued to be reported by the Seattle area representative, and three cases of police evidence tested positive for synthetic cannabinoids in the first half of 2011 in King County.

#### *Midwestern Region CEWG Areas:*

- **Cincinnati Report.** In Cincinnati, the number of calls to poison control centers involving one family of synthetic designer drugs, specifically THC homologs, increased from 16 exposures in 2010 (November and December) to 117 exposures in the 12 months of 2011; there were 4 exposures in the first 2 weeks of 2012. Most of these exposures ( $n=71$ ) occurred in people 19 and younger.
- **Detroit Report.** The Detroit representative reported that calls to poison control centers for intentional human consumption of synthetic cannabinoids continued; there were 41 calls for K2 to the Michigan Poison Control Center at the Children's Hospital of Michigan in 11 months in 2011, compared with 37 calls for K2 and similar herbal products in the first half of 2010. Sixty-one percent of Michigan's calls were from the three-county Detroit metropolitan area.

- **Minneapolis/St. Paul Report.** Numbers of human exposures to synthetic THC reported to the Hennepin Regional Poison Center in Minneapolis/St. Paul increased in 2011, from 28 exposure calls in 2010 to 149 such calls in 2011 (figure 2). A Minnesota law making possession and sale of these substances illegal in the State became effective in July 2011.
- **Chicago Report.** Ethnographic reports in Chicago indicated that synthetic cannabinoids were widely available in the city, and they were used mostly by people in their teens and twenties, as reported by the area representative.

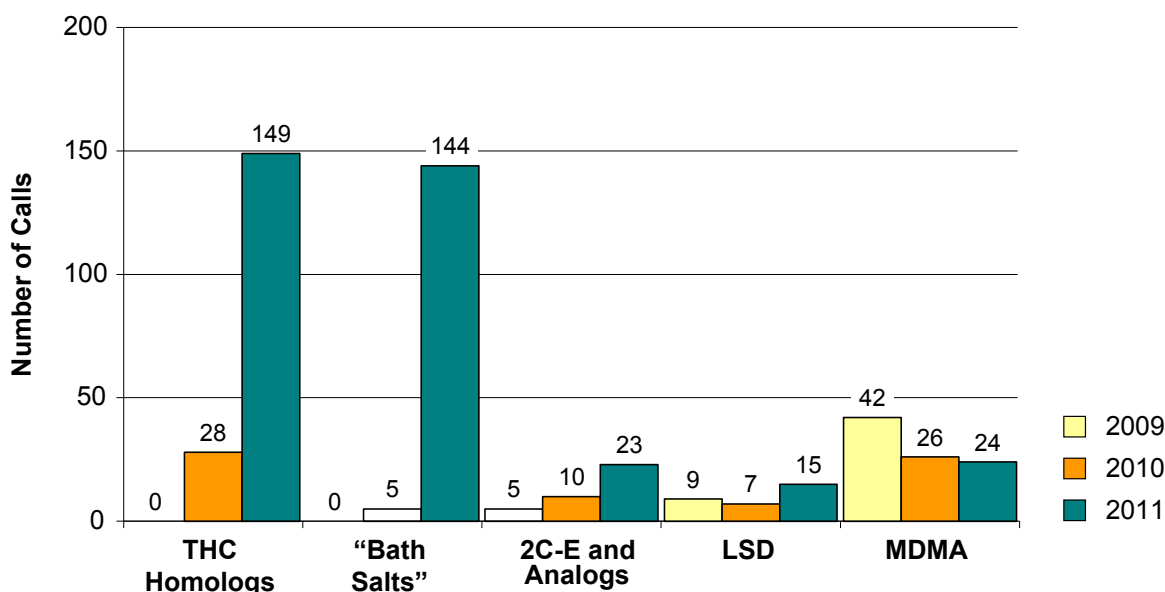
#### *Southern Region CEWG Area:*

- **South Florida/Miami-Dade and Broward Counties Report.** Statewide in Florida, there were 516 poison center exposure cases for synthetic cannabinoids in 2011; this represented an 87-percent increase from 2010, despite the drugs becoming illegal in the State in July 2011.

### Synthetic Cathinones

Synthetic cathinones include mephedrone (4-methylmethcathinone or 4-MMC), methylone (N-methy-3,4-methylenedioxycathinone or bk-MDMA), and MDPV (3, 4-methylenedioxypyrovalerone). One or more synthetics have been detected in products labeled as “bath salts,” “insect repellent,” “plant food,” or “stain remover,” and they are marketed under various names, including

**Figure 2 . Number of Human Exposure Poison Control Center Calls for THC Homologs (“Spice”/“K2”), “Bath Salts” (Synthetic Cathinones), 2C-E and Analogs, LSD, and MDMA, Hennepin County (Minneapolis/St. Paul): 2009–2011**



SOURCE: AAPC Toxic Exposure Surveillance System (TESS), Hennepin Regional Poison Center, Hennepin County Medical Center, as of January 2012, as reported by Carol Fa kowski at the January 2012 CEWG meeting

“White Lightning,” “Zoom,” “Euphoria,” and “Cloud 9.” Whereas synthetic cathinones may be sought for their perceived stimulant effects, the contents of these products are largely unknown and therefore effects are unpredictable. These products became prominent in the designer drug market in the United States in 2010, and law enforcement and poison control center data indicated that use continued to grow in the first half of 2011. Serious health effects reported include chest pain, increased heart rate, hallucinations, extreme paranoia, and delusions. An increase in calls to poison control centers across the country related to these substances in 2010 prompted the Office of National Drug Control Policy to release a statement of concern on February 1, 2011<sup>8</sup>. The DEA emergency scheduled three of the synthetic cathinones (mephedrone, methylone, and MDPV) in October 2011 under the Controlled Substances Act to avoid an imminent hazard to public safety.

- **Seized Items Identified as MDPV or Other Synthetic Cathinones (NFLIS):** MDPV tied for ninth place among NFLIS items identified in this reporting period in Honolulu (table 1). It was identified in 19 of 23 CEWG areas among total drug items seized and analyzed in NFLIS forensic laboratories in the first half of 2011. The total number of items identified as mephedrone, methylone, or MDPV ranged from 224 items in Texas; to 23–26 items in Miami, New York City, and St. Louis; to 17 items in the Minneapolis/St. Paul area; and to 12 or fewer items in Atlanta, Baltimore City, Boston, Chicago, Cincinnati, Colorado, Denver, Detroit, Honolulu, Los Angeles, Maryland, San Diego, Seattle, and Washington, DC.

**MDPV, marketed as “bath salts,”<sup>9</sup> continued to be reported in some CEWG** areas at the January 2012 meeting. Marketed and sold as legal substances under names such as “Ivory Wave,” “Purple Wave,” “Bath Crystals Pure Euphoria,” or “Vanilla Sky,” they may cause serious medical reactions when ingested. Mephedrone<sup>10</sup> is another synthetic cathinone that has been popular in Europe and is monitored by the European Union’s European Monitoring Centre for Drugs and Drug Addiction. Mephedrone is also known as “Meow-Meow,” “M-CAT,” “Bubbles,” and “Mad Cow.”

Twelve CEWG representatives reported on synthetic cathinones in their areas in the first half of 2011: Denver/Colorado, Phoenix, Seattle, and Texas in the western region; Cincinnati, Detroit, Minneapolis/St. Paul, and St. Louis in the Midwest; Atlanta and South Florida/Miami-Dade and Broward Counties in the South; and Maine and New York City in the Northeast.

#### *Western Region CEWG Areas:*

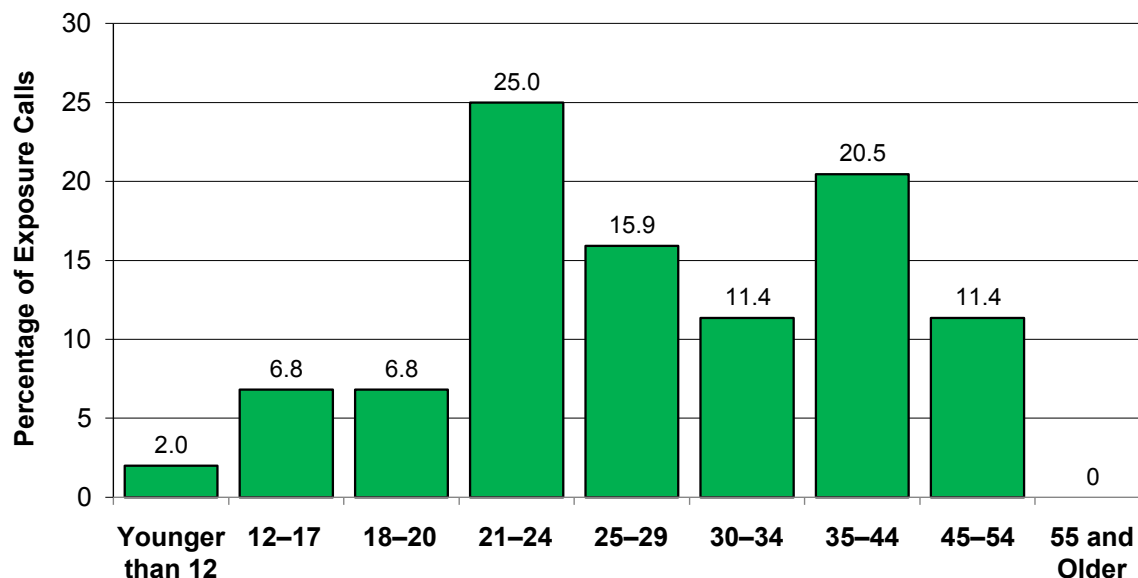
- **Denver/Colorado Report.** The Denver area representative reported that 44 calls were made to the Rocky Mountain Poison and Drug Center in 2011 (through mid-December), and that there was an increase in calls in which synthetic cathinones were mixed with other drugs, such as Foxy methoxy, MDMA, and heroin. Proportions of human exposure poison control center calls for bath salts were reported for Colorado by age group, showing that such calls were highest in the 21–24 age group (at 25.0 percent), followed by the 35–44 age group (20.5 percent); 15.6 percent of bath salt calls were for those younger than 21 (figure 3).

<sup>8</sup>The statement is available at <http://www.whitehousedrugpolicy.gov/news/press11/020111.html>.

<sup>9</sup>More information about substances sold as “bath salts” can be found at: [http://www.nlm.nih.gov/medlineplus/news/fullstory\\_108485.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_108485.html).

<sup>10</sup>More information on mephedrone can be found at: [http://www.dea diversion.usdoj.gov/drugs\\_concern/mephedrone.htm](http://www.dea diversion.usdoj.gov/drugs_concern/mephedrone.htm).

**Figure 3. Percentage of Human Exposures to “Bath Salts,” Based on Poison Control Center Call Data, by Age Group, Colorado: January 1, 2011–December 16, 2011 (n=44)**



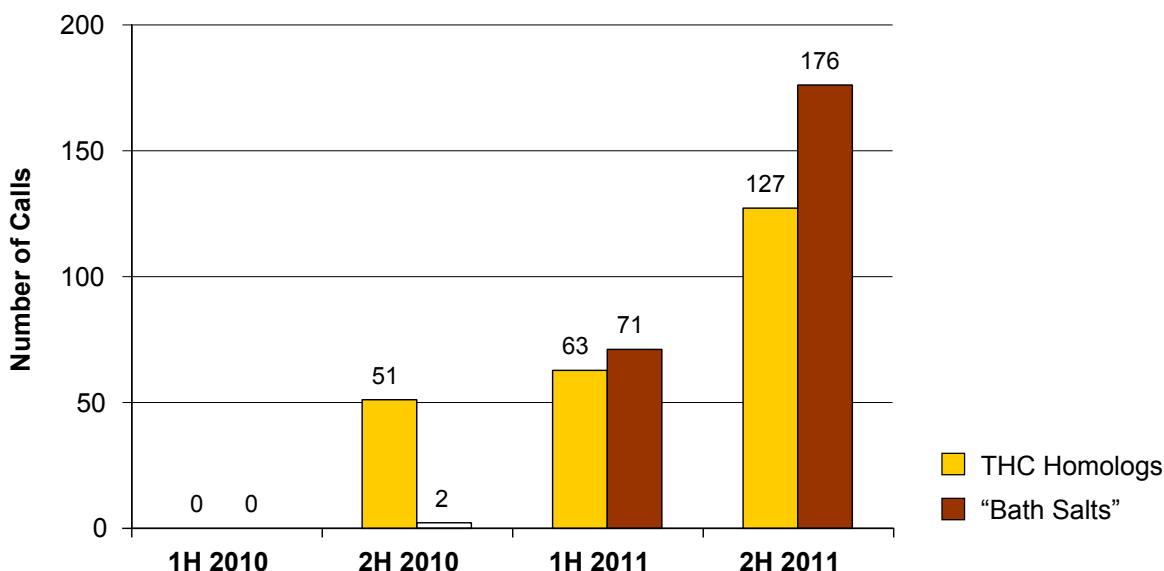
SOURCE: Rocky Mountain Poison and Drug Center (RMPDC), retrieved on December 16, 2011, as reported by Kristen Dixon at the January 2012 CEWG Meeting

- **Phoenix Report.** Numbers of poison control center calls relating to bath salts were up in Maricopa County, according to the area representative. They increased from 2 calls in the second half of 2010 and 71 calls in the first half of 2011 to 176 calls in the second half of 2011 (figure 4).
- **Seattle Report.** While synthetic cathinones continued to be reported in the Seattle area, levels were low, according to the area representative. Two pieces of police evidence tested positive for synthetic cathinones in the first half of 2011.
- **Texas Report.** In Texas, calls to poison control centers related to human exposures to MDPV and mephedrone increased from 22 calls in 2010 to 341 in 2011. Calls peaked in summer 2011, with 54 calls during the month of July.

#### *Midwestern Region CEWG Areas:*

- Representatives from three areas in the Midwest—Cincinnati, Detroit, and Minneapolis/St. Paul—reported on poison control center data for synthetic cathinones.
  - **Cincinnati Report.** In Cincinnati, 329 cases of synthetic cathinone human exposures were reported to poison control centers in CY 2011. Of these exposures, 130 were age 20–29, and 94 were age 30–39.

**Figure 4. Number of Poison Control Center Calls for THC Homologs (“Spice”/“K2”) and “Bath Salts,” Maricopa County: 2010–2011**



SOURCE: Banner Health: Banner Good Samaritan Poison and Drug Information Center, Maricopa County (Phoenix), as reported by James Cunningham at the January 2012 CEWG Meeting

- **Detroit Report.** The Detroit area representative reported an increase in numbers of calls to poison control centers for synthetic cathinones in 2011; there were 126 calls for synthetic cathinones in the State of Michigan in 11 months in 2011, compared with 4 in 2010 (all in the last 2 months of the year).
- **Minneapolis/St. Paul Report.** Human exposures to synthetic cathinones reported to the Hennepin Regional Poison Center in Minneapolis/St. Paul increased markedly in 2011, from 5 such exposures reported in 2010 to 144 in 2011 (figure 2).
- **St. Louis Report.** The area representative from St. Louis reported continuing problems with synthetic cathinones according to law enforcement and other indicators. Although some communities in Missouri have passed legislation to curb the sales of “bath salts,” it appears that some venues and users are finding ways to work around the legislative efforts. Synthetic cathinones will be monitored by poison control centers and toxicologists in the St. Louis area for future reporting, according to the area representative.

#### *Northeastern Region CEWG Areas:*

- **Maine Report.** Several indicators for synthetic cathinones were high and increasing in the first half of 2011 in Maine, according to the area representative. The New England Poison Center reported an increase in the number of synthetic cathinone human exposure calls, from 1 call in

2010 to 133 calls in 2011. In 2011, the Maine legislature passed legislation to make synthetic cathinones illegal in the State.

- **New York City Report.** Although numbers were small, 3 synthetic cathinones were among the drug items seized and analyzed by NFLIS laboratories in New York City in the first half of 2011, with 18 items identified as MDPV, 4 items as methyldone, and 3 items as mephedrone.

#### *Southern Region CEWG Areas:*

- **Atlanta Report.** Calls to the Georgia Poison Center related to mephedrone were increasing, as reported by the area representative from Atlanta, with 2 calls in CY 2010 and 29 calls in the first 4 months of 2011.
- **South Florida/Miami-Dade and Broward Counties Report.** In 2011, there were 152 human exposure calls to poison control centers in Florida for MDPV and mephedrone.

### **2C-E, 2C-I, and Analogs**

**2C-E, 2C-I, and Analogs:** Another group of synthetic designer drugs, collectively known as phenethylamines from the 2C family (e.g., 2C-E, 2C-I, and 2C-T-2), have been present in the illicit drug market since 1998, when they were first encountered by law enforcement. These substances are often promoted as “research drugs” and legal alternatives to ecstasy or LSD (lysergic acid diethylamide). Poorly studied in humans, these chemical compounds were largely produced for their psychoactive properties. The effects have been described as similar to amphetamines, providing stimulation to the nervous systems. The lack of human data, along with the potential for excess nervous system stimulation, makes misuse or abuse of these chemicals dangerous and the effects unpredictable.

- **Minneapolis/St. Paul Report.** In the midwestern region, the Minneapolis/St. Paul area representative reported on indicators for the 2C family of drugs in the first half of 2011. There were 23 human exposures calls concerning 2C-E and related analogs reported to the Hennepin Regional Poison Center in 2011; in 2010, there were 10 human exposure calls.

Table 1. NFLIS Top 10 Drug Items Analyzed by CEWG Area and Rank (Based on Frequency): January–June 2011

CEWG Areas	Cocaine/ Crack	Heroin	Oxy- codone	Hydro- codone	Alprazo- lam	Clonaze- pam	Metham- phetamine	Marijuana/ Cannabis	MDMA	Phency- clidine (PCP)	Other Drugs
<b>SOUTHERN REGION</b>											
Atlanta	1	7	3	5	4	—	2	6	—	—	1-(3-Trifluoromethylphenyl)piperazine=8; Amphet- amine=9; Methadone=10
Baltimore City	2	3	5	—	6	8	—	1	—	—	Buprenorphine=4; 1-Benzylpiperazine=7; Metha- done=9; 5-Methoxy-N,N-diisopropyltryptamine (5-MeO-DIPT)=10
Maryland	2	3	4	9	5	8	—	1	—	7	Buprenorphine=6; Methadone=10
Miami	1	5	3	10	4	—	9	2	7	—	Hallucinogen (Unspecified)=6; 1-Benzylpiperazine=8
Washington, DC	2	3	8	—	—	—	7	1	—	4	5-Methoxy-N,N-diisopropyltryptamine (5-MeO- DIPT)=5; 1-Benzylpiperazine=6; Buprenorphine=9; Caffeine=10
<b>NORTHEASTERN REGION</b>											
Boston	2	3	4	—	7	6	—	1	—	—	Buprenorphine=5; Amphetamine=8; Gabapentin=9; Clonidine=10
Maine	1	4	2	8	—	—	7	3	5	—	Buprenorphine=5 (tied with MDMA); Methadone= 9; Amphetamine=10
New York City	1	3	4	—	5	10	—	2	—	6	Methadone=7; Buprenorphine=8; Ketamine=9
Philadelphia	1	3	4	9	5	8	—	2	—	6	Codeine=7; Buprenorphine=10
<b>MIDWESTERN REGION</b>											
Chicago	2	3	—	5	7	—	9	1	4	8	1-Benzylpiperazine=6; 5-Methoxy-N,N-diisopropyltrypt- amine (5-MeO-DIPT)=9 (tied with Methamphetamine)
Cincinnati	2	3	4	5	6	7	10	1	—	—	Buprenorphine=8; Diazepam=9
Detroit	2	3	6	4	5	—	—	1	8	—	5-Methoxy-N,N-diisopropyltryptamine (5-MeO- DIPT)=7; 1-Benzylpiperazine=9; Codeine=10
Minneapolis/ St. Paul	3	4	5	—	—	—	2	1	9	—	Acetaminophen=6; Amphetamine=7; 5-Methoxy-N,N- diisopropyltryptamine (5-MeO-DIPT)=8; Cathinone/ Cathine=9 (tied with MDMA)
St. Louis	3	2	7	5	6	—	4	1	—	—	Pseudoephedrine=8; Buprenorphine=9; Amphet- amine=10
<b>WESTERN REGION</b>											
Colorado	2	4	6	7	9	—	3	1	5	—	Psilocin/Psilocybin/Psilocyn/Psilocybine=7 (tied with Hydrocodone); 1-Benzylpiperazine=10
Denver	1	4	6	8	10	—	3	2	5	—	Psilocin/Psilocybin/Psilocyn=7; 1-Benzylpiperazine=9
Honolulu	3	4	7	9	5	—	1	2	—	—	Acetaminophen=5 (tied with Alprazolam); Morphine=8; Amphetamine, Diazepam, Methandienone, and MDPV=tied for 9 with Hydrocodone
Los Angeles	2	4	10	6	8	—	3	1	5	7	Codeine=9
Phoenix	4	3	5	7	6	—	2	1	9	—	Carisoprodol=8; Buprenorphine=10
San Diego	3	4	7	5	8	10	2	1	6	—	Morphine=9
San Francisco	3	5	7	4	—	—	1	2	6	—	Methadone=8; Codeine=9; Diazepam=10
Seattle	1	3	5	9	8	—	2	4	6	9	Methadone=7 (Hydrocodone and PCP tied for 9)
Texas	2	6	—	4	5	—	3	1	7	—	Carisoprodol=8; 1-Benzylpiperazine=9; Amphet- amine=10

SOURCE: NFLIS, DEA, data for all areas except New York City were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011; see appendix tables 2.1–2.23; data are subject to change and may differ according to the date on which they were queried



**Table 2. Top-Ranked Primary Drugs as a Percentage of Total Treatment Admissions, Including Primary Alcohol Admissions, in 22 CEWG Areas<sup>1</sup>, by Region and Ranking: 1H 2011<sup>2</sup>**

CEWG Areas	Alcohol	Cocaine/ Crack	Heroin	Opiates/ Opioids Other Than Heroin	Metham- phetamine	Marijuana	Benzodiaz- epines	Other Drugs
<b>SOUTHERN REGION</b>								
Atlanta	1	3	6	4	5	2	7	8
Baltimore City	2	4	1	5	8	3	6	7
Maryland	1	5	2	4	8	3	7	6
South Florida/ Broward County	3	4	7	2	8	1	6	5
South Florida/ Miami-Dade County	2	3	5	4	8	1	7	6
<b>NORTHEASTERN REGION</b>								
Boston <sup>3</sup>	2	3	1	4	7	5	6	8
Maine	1	6	4	2	8	3	7	5
New York City	1	4	3	5	8	2	7	6
Philadelphia	2	3	4	6	8	1	7	5
<b>MIDWESTERN REGION</b>								
Cincinnati	2	3	— <sup>4</sup>	— <sup>4</sup>	6 <sup>5</sup>	1	5	4
Detroit	1	3	2	5	—	4	7	6
Minneapolis/St. Paul	1	6	3	4	5	2	8	7
St. Louis	1	4	2	5	6	3	8	7
<b>WESTERN REGION</b>								
Colorado	1	4	5	6	3	2	8	7
Denver	1	5	4	6	3	2	8	7
Hawaii	2	5	6	NR <sup>6</sup>	1	3	NR	4
Los Angeles	2	5	3	7	4	1	8	6
Phoenix <sup>7</sup>	2	5	— <sup>4</sup>	4	3	1	NR	6
San Diego	3	6	2	5	1	4	NR	7
San Francisco	1	4	3	7	2	5	8	6
Seattle	1	4	3	6	5	2	8	7
Texas	1	3	4	6	7	2	8	5

<sup>1</sup>CEWG areas not included in the table due to lack of availability of treatment admissions data for the reporting period are Chicago and Washington, DC.

<sup>2</sup>Data are for the first half (1H) of calendar year 2011: January–June 2011. Admissions for which there was no primary drug of abuse are excluded from totals.

<sup>3</sup>Treatment data for Boston do not include admissions younger than 14.

<sup>4</sup>Rankings are excluded because heroin and other opiates are grouped together in Cincinnati treatment data, and heroin and morphine are grouped together in Phoenix data.

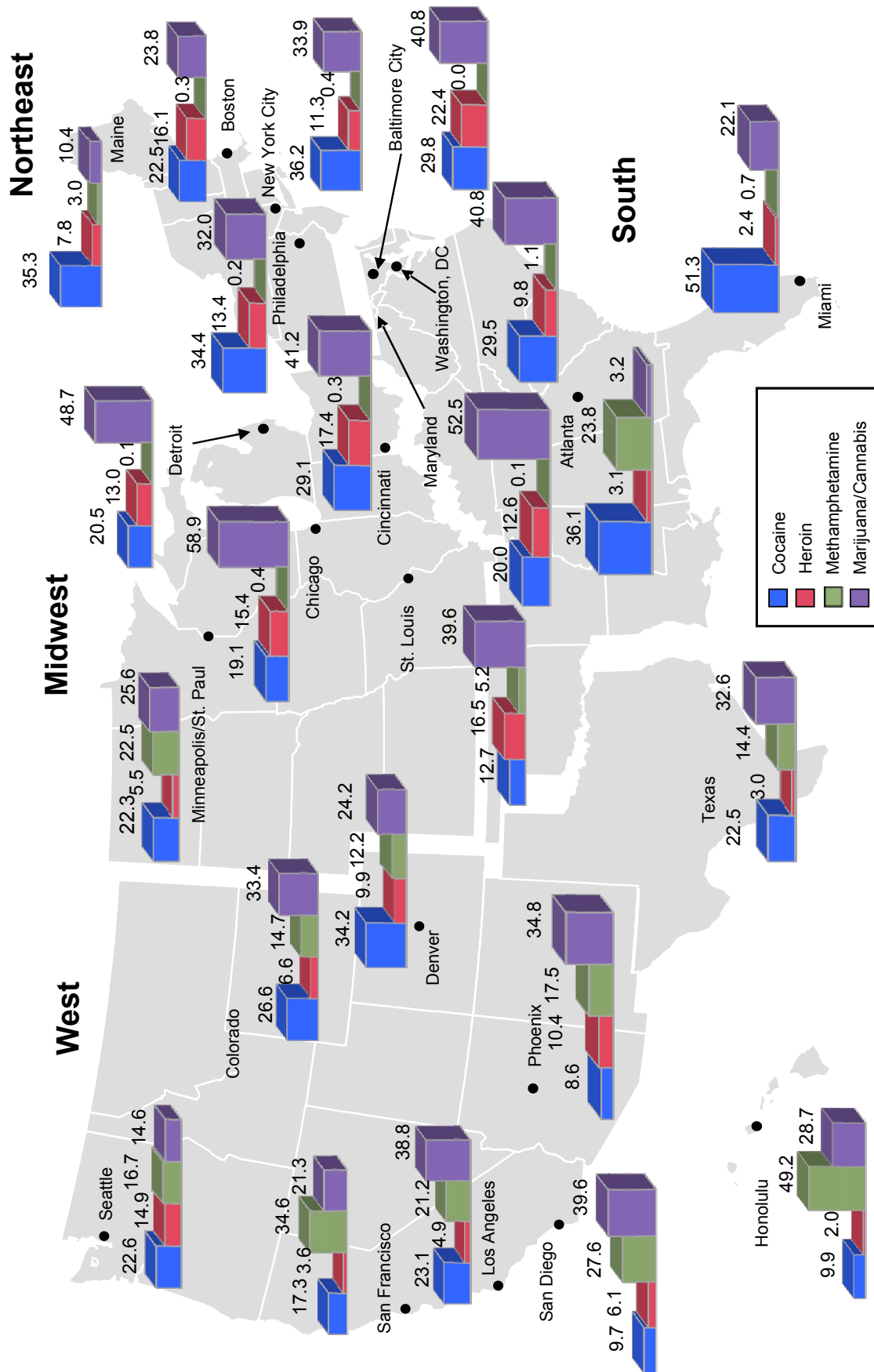
<sup>5</sup>Methamphetamine, amphetamine, and MDMA are grouped together in Cincinnati treatment data.

<sup>6</sup>NR=Not reported by the CEWG area representative.

<sup>7</sup>Treatment data for Phoenix do not include admissions younger than 18.

SOURCE: January 2012 State and local CEWG reports

**Figure 5. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana/Cannabis Items Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas in 4 U.S. Regions, Each as a Percentage of Total Items Analyzed: 1H 2011<sup>1</sup>**



<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change. Data queried on different dates may reflect differences in the timing of data analysis and reporting.  
SOURCE: NFLIS, DEA, data for all areas except New York City were retrieved on December 12, 2011; New York City data were retrieved on December 15, 2011

# Section III. CEWG Area Update Briefs and Additional Report: January 2012 CEWG Meeting

## Introduction

The 71st semiannual meeting of the Community Epidemiology Work Group (CEWG) was held on January 18–20, 2012, in San Antonio, Texas. During this meeting, 20 CEWG area members reported on current drug trends and patterns in their areas, based on data newly available since the June 2011 CEWG area report. The following Update Briefs and Additional Report were provided by the speakers.

## CEWG AREA UPDATE BRIEFS

### Drug Abuse Patterns and Trends in Atlanta—Update: January 2012

*Lara DePadilla, Ph.D., and Mary Wolfe, M.P.H.*

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**Updated Drug Abuse Trends and Emerging Patterns: Cocaine** continued to be the drug most mentioned in National Forensic Laboratory Information System (NFLIS) drug seizure data for the 28 counties in the Atlanta metropolitan area. Overall, cocaine indicators were mixed. Treatment admissions data showed cocaine as the primary substance among 10.4 percent of total admissions in the first half of 2011. This represents a decrease from 12.8 percent in calendar year (CY) 2010 and 15.7 percent in CY 2009. Cocaine was listed as the secondary drug of choice among 14.3 percent of clients admitted primarily for heroin. In the first half of 2011, African-Americans dominated cocaine primary treatment admissions, compared with other racial backgrounds, with a ratio of 2.83:1. This represents a slight increase from the 2.67:1 ratio during the same period in 2010. More males than females reported cocaine as their primary drug for admission, which was a departure from nearly equal representation by gender in the previous year. More than three-fourths (76 percent) of clients admitted for cocaine were older than 35. Approximately 80 percent of crack cocaine clients and 70 percent of powder cocaine clients were older than 35. Smoking was the most common route of administration for crack cocaine (at 90 percent), while snorting and smoking were most common among individuals primarily admitted to treatment for powder cocaine. The number of calls to the Georgia Crisis and Access Line involving cocaine during the first half of 2011 increased slightly from the second half of 2010, and calls to the Georgia Poison Center involving cocaine increased from 118 calls in 2009 to 166 calls in 2010. Among the five major counties closest to the center of the city (Fulton, DeKalb, Cobb, Gwinnett, and Clayton), all of the counties except Gwinnett experienced decreases in prison admissions (arrests) for the possession of cocaine; arrests for cocaine

possession increased slightly in Gwinnett County. **Heroin** indicators were stable in the Atlanta area in the first half of 2011. The proportion of treatment admissions for heroin in the first half of 2011 was 3.4 percent of total admissions, compared with 3.8 percent of total admissions in CY 2010. Most heroin treatment clients preferred to inject the drug, consistent with previous years. Approximately two-thirds of heroin treatment admissions were White, and 57.1 percent were male. The majority were age 26 or older. Calls to the Georgia Poison Center regarding heroin were stable from 2008 to 2010 (with 28 calls in 2008, 27 in 2009, and 26 in 2010). Individual prescription drugs continued to represent small proportions of treatment admissions compared with illicit drugs. **Oxycodone** indicators were mixed in the Atlanta area. In the first half of 2011, treatment admissions for oxycodone constituted 2.4 percent of total admissions, compared with 2.7 percent in CY 2010. However, NFLIS data continued to show a steady increase in drug items seized and identified as oxycodone, from 382 such items in the first half of 2010 to 429 items in the same period in 2011. In contrast, the number of drug items seized and identified as **hydrocodone** was stable in the first half of 2011, compared with the first half of 2010, at approximately 290 items. **Alprazolam** levels remained low and stable among treatment admissions; 1.7 percent of total admissions were for alprazolam in the first half of 2011, compared with 1.5 percent in CY 2010. NFLIS data indicated a potential increase in drugs seized and identified as alprazolam; 343 drug items were identified as alprazolam in the first half of 2011, compared with 291 in the first half of 2010. There was a slight increase in calls to the Georgia Crisis and Access Line regarding benzodiazepines in general. **Methamphetamine** indicators were stable. Methamphetamine treatment admissions have been stable at approximately 5 percent of total admissions since 2009. During the first half of 2011, female methamphetamine treatment admissions outnumbered those among males at a ratio of 1.3:1; this was a decrease from the ratio of 1.78:1 during the first 6 months of 2010. Consistent with previous years, smoking was the primary route of administration for approximately one-half of admissions. Whites remained the most frequent methamphetamine treatment admissions, at 13.2 percent of all admissions. The proportion of primary methamphetamine clients who were age 26–34 increased in the first half of 2011 from CY 2010, and the proportion of clients age 18–25 decreased. Calls to the Georgia Poison Center involving methamphetamine increased substantially from 2009 ( $n=69$  calls) to 2010 ( $n=123$  calls). In 2011, methamphetamine was present in only three of the five major metropolitan Atlanta counties among drug arrests for possession, and numbers were low and stable compared with previous years. **Marijuana** was the most prominently used illicit drug in the Atlanta, Georgia, area, having surpassed cocaine in 2009, based on public drug treatment data. Treatment admissions indicators for marijuana have remained stable—the proportion of marijuana treatment admissions was 18.1 percent of total admissions in the first half of 2011, 18.7 percent in CY 2010, and 18.5 percent in CY 2009. Marijuana was the secondary drug of choice among 26.0 percent of clients admitted for cocaine and 30.2 percent of clients admitted for methamphetamine. Approximately 70 percent of marijuana drug treatment admissions were male, and 58 percent were African-American. These proportions were nearly unchanged from the first half of 2010. Young adults between the ages of 18 and 25 represented the largest age group among marijuana primary treatment admissions, at 37.6 percent. Admissions for clients younger than 18 continued to decline; they were at 18.7 percent of total admissions in the first half of 2011. Crisis line calls from the first half of 2011 showed an increase for marijuana, which remained the most frequently reported illicit drug among calls, at approximately 15 percent of the total. These calls represented a small proportion compared with alcohol. Calls to the Georgia Poison Center regarding marijuana were consistent from 2008 to 2010. Drug indicators (treatment admissions, items seized and identified by NFLIS laboratories, and calls to the Georgia Poison Center) suggested that **MDMA** (3,4-methylenedioxymethamphetamine) decreased slightly

in 2010 and 2011, continuing a trend from 2009. There was only one primary treatment admission for MDMA in the first half of 2011, although there were 13 calls to the Georgia Poison Center about MDMA during the first 4 months of the year. **Alcohol** and **alcohol in combination** with another substance made up one-half of all treatment admissions in the first half of 2011; this represented an increase in clients admitted to treatment for alcohol only and a decrease in clients admitted for alcohol in combination with another substance. The majority of clients admitted for alcohol only were older than 35 (73.0 percent), White (61.1 percent), and male (67.8 percent). Similarly, among clients admitted for alcohol in combination with another substance, 64.2 percent were 35 or older, and 67.1 percent were male. However, only 45.0 percent were White, representing a departure from the pattern for alcohol-only treatment admissions.

**Data Sources:** *Treatment data* were provided by the Georgia Department of Human Resources. Coverage included all direct providers of treatment services that received county or State program funds in the 28-county metropolitan Atlanta area. Data on all client admissions for drug and alcohol treatment—not just clients receiving publicly funded treatment—are included in the data set. This report presents admissions data from January through June 2011—the most recent data available—and makes comparisons with percentages from prior years. **Forensic laboratory data** were provided by NFLIS, Drug Enforcement Administration, for the first half of 2011. Marijuana/cannabis seizures may not be accurate due to a Georgia statewide administrative policy initiated in 2004 that laboratory testing is not required when cannabis is seized by law enforcement officers. **Georgia Poison Center call data** are for CYs 2006–2010. **Georgia Crisis and Access Line call data** were provided by the Georgia Department of Human Resources. Coverage includes all statewide telephone calls for Georgia’s single point of entry program, a required step toward seeking substance abuse treatment from a public facility. Call data are for the second half of 2006 through the first half of 2011. **Prison/jail admissions data** were provided by the Georgia Department of Corrections and include data for CYs 2004–2011.

## **Drug Abuse Patterns and Trends in Baltimore City, Maryland, and Washington, DC—Update: January 2012**

*Erin Artigiani, M.A., Margaret Hsu, M.H.S., and Eric D. Wish, Ph.D.*

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**Overview of Findings:** Throughout the Washington, DC, and Maryland region, cocaine, marijuana, and heroin continued to be the primary drug problems in the first half of 2011. In general, indicators for marijuana and other opiates were increasing across the region, compared with 2010, while indicators for cocaine continued to decrease. Heroin indicators were stable from previous reporting periods. The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) reported that cocaine and marijuana were the most frequently seized drugs in the region. The third most frequently found drug in the HIDTA region was heroin. While other parts of the country have seen shifts in the use of methamphetamine, its use remained low throughout Maryland and Washington, DC, and was confined to isolated communities.



**Updated Drug Abuse Trends and Emerging Patterns:** In *Washington, DC*, in 2011, **cocaine/crack, marijuana, and heroin** continued to be the primary illicit drug problems. Cocaine remained one of the major drugs of abuse, as evidenced by the fact that more adult arrestees tested positive for cocaine than for any other drug, and more items seized tested positive for cocaine than for any other drug except marijuana. However, the percentage of adult arrestees testing positive for cocaine appeared to continue to decrease. By contrast, the percentage of adult arrestees testing positive for **opiates** remained about the same, and the percentage positive for **PCP** (phencyclidine) increased slightly. In the first 9 months of 2011, 21 percent of adult arrestees tested positive for cocaine, and approximately 8–10 percent tested positive for opiates and/or PCP. As in 2010, more drug items were seized and identified as marijuana/cannabis than was the case for cocaine (40.8 versus 29.8 percent) in the first half of 2011, as reported by the National Forensic Laboratory Information System (NFLIS). Numbers of drug overdose deaths increased from 90 in 2007 to 105 in 2008 and decreased slightly in 2009. Overdose deaths were also more likely to be related to cocaine (53 percent) than to any other drug, although the total number of cocaine-related deaths decreased, while the total number of morphine-related deaths increased. During the first 9 months of 2011, juvenile arrestees were more likely to test positive for marijuana (49.2 percent) than for any other drug. The percentages of juvenile marijuana-positive urinalysis tests continued to fluctuate in 2011, but they appeared to be decreasing. In comparison, the percentage of juvenile arrestees testing positive for cocaine decreased in 2009 and remained about the same in 2010, but the proportion appeared to be increasing in 2011. The percentage of adult and juvenile offenders in Washington, DC, testing positive for **amphetamines** remained considerably lower than for other drugs (approximately 1 percent) in 2010. In *Maryland*, there were 27,152 primary enrollments to certified publicly funded treatment programs in the first half of 2011. This appeared to be an increase statewide and in Baltimore City. Treatment enrollments most frequently involved **alcohol, heroin, marijuana, crack/cocaine, and other opiates**. Treatment enrollments involving marijuana and other opiates appeared to continue to increase, while those involving heroin were stable, and those involving crack/cocaine were decreasing. Conversely, enrollments in Baltimore City involving heroin or other opiates appeared to be decreasing. Cocaine and marijuana/cannabis accounted for nearly three-quarters of the drug items seized and identified by NFLIS laboratories in Maryland in the first half of 2011. Items seized and identified as marijuana/cannabis and other opiates appeared to increase, while drug items seized and identified as cocaine and heroin decreased. Approximately 13 percent of the total drug items tested positive for heroin, and nearly three-quarters of these items testing positive for heroin (74 percent) were from Baltimore City. There were 339 drug intoxication deaths in Maryland during the first half of 2011. Preliminary analyses indicated that the most frequently involved drugs in deaths were heroin/morphine, methadone, and oxycodone. Methadone-related and oxycodone-related deaths appeared to continue to increase in the first half of 2011.

**Data Sources:** *Drug seizure data* for the first half of 2011 were provided by NFLIS, Drug Enforcement Administration, and the Washington/Baltimore HIDTA. *Heroin cost data* were obtained from the Heroin Domestic Monitor Program, and *data on the retail distribution of selected prescription opioid medications* were obtained from the Automation of Reports and Consolidated Orders System Retail Drug Summaries. *Mortality data* for 2007 through the first half of 2011 were obtained from the Office of the Chief Medical Examiner, Washington, DC, and the Maryland Office of the Chief Medical Examiner. *Adult and juvenile arrestee data* for the first 9 months of 2011 were adapted from information obtained from the District of Columbia Pretrial Services Agency. *Treatment enrollment data* for Maryland and Baltimore City for the first half of 2011 (January–June) were obtained from the Alcohol and Drug Abuse Administration, State of Maryland Automated Record Tracking system.

## Drug Abuse Patterns and Trends in Greater Boston—Update: January 2012

*Daniel P. Dooley*

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**Overview of Findings:** Cocaine and heroin continued as the dominant drugs of abuse in Boston during this reporting period. Cocaine figured prominently among drug-related deaths, drug arrests, and drug laboratory samples derived from drug arrests. Heroin dominated as the primary drug among substance treatment admissions. Marijuana, other opiates/synthetics (including oxycodone), and benzodiazepine indicators remained at more moderate levels. Methamphetamine and other “club drug” indicators remained at relatively low levels overall.

**Updated Drug Abuse Trends and Emerging Patterns:** In Boston, **cocaine** indicators were mainly decreasing but remained at high levels when compared with other drugs. Cocaine figured in 27 percent of all drug-related deaths in 2009. The number of cocaine-related deaths decreased by 38 percent, from 58 deaths in 2006 to 36 in 2009. The number of cocaine-related hospital admissions decreased by 5 percent from fiscal year (FY) 2009 to FY 2010 and by 35 percent from FY 2007 to FY 2010. The number of cocaine-related emergency department (ED) visits was fairly stable from FY 2008 to FY 2010. The proportion of primary cocaine treatment admissions decreased, from 9 percent of total admissions in FY 2007 to 5 percent by FY 2011. The proportion of treatment admissions citing cocaine as primary, secondary, or tertiary drug decreased, from 36 percent of total admissions in FY 2008 to 28 percent in FY 2011. The proportion of Class B drug arrests (mainly cocaine) decreased very slightly, from 49 percent in 2009 to 48 percent in 2010. The proportion of drug samples seized and identified as cocaine by National Forensic Laboratory Information System (NFLIS) laboratories was 23 percent of total items analyzed in the first half of 2011, compared with 26 percent in the first half of 2010. With no discernible trends, the most recent **heroin** abuse indicators in Boston were stable or mixed at extremely high levels. Due to coding limitations, heroin was reported along with other opiates and opioids in death, hospital admissions, ED visit, and arrest data. Heroin and/or other opiates/opioids figured in 56 percent of Boston drug-related deaths in 2009. The number of heroin and/or other opiate/opioid-related deaths in 2009 ( $n=75$ ) was up from 2008 ( $n=63$ ) but down from the 2006 and 2007 totals ( $n=92$  for both years). Heroin and other opiates/opioids were relatively high among drug-related hospital admissions and drug-involved ED visits. Accounting for 42 percent of drug-related hospital admissions in FY 2010, the proportion of heroin and/or other opiate/opioid-related hospital admissions decreased by 9 percent from FY 2009 to FY 2010 and by 5 percent from FY 2008 to FY 2010. Representing 37 percent of drug-involved ED visits, the number of heroin and/or other opiate/opioid-involved ED visits declined by 8 percent from FY 2009 to FY 2010, but the number increased by 10 percent from FY 2008 to FY 2010. The proportion of primary heroin treatment admissions was stable at approximately 51 percent for 3 years from FY 2009 to FY 2011. Similarly, the proportion of treatment admissions citing heroin as the primary, secondary, or tertiary drug of abuse remained fairly stable—ranging between 54 and 56 percent—for 4 years (from FY 2008 to FY 2011). The level of Class A drug arrests (mainly heroin) was stable at 22 percent from 2009 to 2010. The proportion of drug samples seized and identified as heroin by NFLIS laboratories in the Boston area was 16 percent of total items analyzed in the first half of 2011, compared with 15 percent in the first half of 2010. The price and purity level



of street-level heroin purchases fluctuated very little from 2006 to 2009. The most recent Drug Enforcement Administration (DEA) data indicated that in the first half of 2011 in Boston, street-level heroin cost \$5–\$50 per bag and \$50–\$120 per gram, with an average purity level at 15 percent. Other indicators of nonheroin **opiates/opioids** were observed to be stable or increasing at moderate levels. The proportion of primary other opiates/opioids treatment admissions remained stable between 4 and 5 percent for 3 years from FY 2009 to FY 2011. Similarly, the percentage of treatment admissions citing other opiates/opioids as primary, secondary, or tertiary drug remained fairly stable—between 10 and 11 percent—for 3 years (from FY 2009 to FY 2011). The proportion of drug samples seized and identified by NFLIS laboratories as oxycodone was 10 percent in the first half of 2011, compared with 8 percent in the first half of 2010. For both of those half-years, the proportion of buprenorphine items seized and identified was between 3 and 4 percent of total items analyzed, and hydrocodone accounted for slightly less than 1 percent of the total. Indicators for **benzodiazepine** abuse in Boston were mixed (stable or increasing gradually) at low to moderate levels. The number of hospital admissions involving nonmedical use of benzodiazepines doubled, from 80 in FY 2004 to 166 by FY 2010. In FY 2011, the proportion of primary, secondary, or tertiary treatment admissions for benzodiazepines also doubled, reaching 12 percent of the total; this represented an increase from 6 percent in FY 2002. Clonazepam and alprazolam ranked sixth and seventh among drug samples seized and identified by NFLIS laboratories in both the first half of 2010 and the first half of 2011. **Methamphetamine** abuse levels remained low in Boston, representing less than 1 percent of all primary treatment admissions and drug samples seized and identified by NFLIS laboratories. The number of primary treatment admissions for methamphetamine totaled 68 in FY 2009, 37 in FY 2010, and 54 in FY 2011. Drug items seized and identified as methamphetamine in NFLIS laboratories totaled 22 in the first half of 2010 and 34 in the first half of 2011. Although the drug is heavily used, the most recent **marijuana** abuse indicators were mixed at moderate levels. The number of marijuana-related hospital admissions nearly doubled, from 312 in FY 2005 to 601 in FY 2010. Similarly, the number of marijuana-involved ED visits increased from 238 in 2005 to 558 in 2010. From FY 2000 to FY 2011, the proportion of primary marijuana treatment admissions remained stable between 4 and 5 percent. After remaining at 14–15 percent of total admissions from FY 2005 to FY 2010, the proportion of admissions citing marijuana as the primary, secondary, or tertiary drug of abuse decreased slightly to 13 percent; this was the lowest level in 11 years of reported data. The proportion of Class D drug arrests (mainly marijuana) remained at 21 percent of total drug arrests from 2009 to 2010. Marijuana/cannabis ranked highest among drug samples seized and identified in NFLIS laboratories in both the first half of 2010 (at 26 percent of total items analyzed) and the first half of 2011 (24 percent of the total).

**Data Sources:** *Drug-related death data* for Boston City residents were provided by the Massachusetts Department of Public Health Vital Records. *Hospital admissions and ED drug visit data* for FYs 2000–2010 for Boston City residents were provided by Massachusetts Division of Health Care Finance and Policy, 2010. *State-funded substance abuse treatment admissions data* for the Boston region including the cities of Boston, Brookline, Chelsea, Revere, and Winthrop (Community Health Network Area 19) for FYs 2001 through 2010 (July 1, 2001, through June 30, 2011) were provided by the Massachusetts Department of Public Health, Bureau of Substance Abuse Services. *Drug arrest data* for the city of Boston for 2002 through 2010 were provided by the Boston Police Department, Drug Control Unit and Office of Research and Evaluation. A 2009 Massachusetts law decriminalizing possession of less than an ounce of marijuana that took effect on January 1, 2009, has impacted drug arrest indicators. *Forensic laboratory data* for the Boston

Metropolitan Statistical Area for the first half of 2010 and the first half of 2011 were provided by the DEA's NFLIS. **Drug price and purity information** covering January–June 2011 was provided by the DEA New England Field Division, December 2011.

## Drug Abuse Patterns and Trends in Chicago—Update: January 2012

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**Updated Drug Abuse Patterns and Trends and Emerging Patterns:** Epidemiological indicators suggested that heroin, cocaine, and marijuana continued to be the most commonly used illicit substances in Chicago during this reporting period. These were also the drugs that were most frequently seized by law enforcement and identified in National Forensic Laboratory (NFLIS) laboratories in the first half of 2011; they accounted for 94 percent of all items seized and identified. **Cocaine** indicators suggested a continuing decline. Cocaine fell to third behind alcohol among reasons for entering publicly funded treatment programs in fiscal year (FY) 2009 and remained behind alcohol in FY 2010. In response to budget cuts, treatment admissions for all substances declined in FYs 2009 and 2010. **Heroin** was the major opiate used for nonmedical purposes in this region, and many heroin indicators have been increasing or maintaining already elevated levels since the mid-1990s. Drug treatment admissions for heroin surpassed those for cocaine in FY 2001 and since then have accounted for the highest proportion of treatment admissions among Chicago residents. Preliminary data indicated that heroin purity at the street level declined sharply in this period after increasing since 2006. African-American injection drug users were an aging cohort, while among Whites, new cohorts of young, mostly suburban, heroin injectors continued to emerge. **Hydrocodone** (compared with **oxycodone**) continued to be the most available prescription opioid to nonprescribed users. Ethnographic reports indicated that **codeine** cough syrup mixed with sugary drinks (and sometimes spicy candies)—called “Lean”—was popular among people in their teens to early thirties in some African-American neighborhoods. **Methamphetamine** indicators suggested little use in Chicago. Beyond Chicago, methamphetamine use was most common in downstate and western Illinois. According to the 2009 Youth Risk Behavior Survey (YRBS), the proportions of 9th to 12th grade students in Chicago who have ever used **marijuana** continued a decline that began in 2001, but there were statistically significant increases in lifetime cocaine and heroin use by students. In addition, inhalants were at the highest level since 1997. **MDMA** (3,4-methylenedioxymethamphetamine) indicators suggested low levels, but several indicated increases, including among 9th to 12th grade student school survey data. Ethnographic and survey reports suggested that MDMA (or drugs sold as MDMA) was popular among young, low-income African-Americans, and that it was readily available in street drug markets. **LSD** (lysergic acid diethylamide) and **PCP** (phencyclidine) indicators continued to show levels of use below the national average but remained present in Chicago drug scenes. For the first time, **5-methoxy-N,N-diisopropyltryptamine** (5-MeO-DIPT, or “Foxy methoxy”) appeared in the first half of 2011 among the 10 most frequently seized and analyzed drugs in Chicago NFLIS laboratories; the drug might be sold as MDMA, according to ethnographic sources. **Synthetic marijuana** (“Spice”) was widely available, but recent Federal prohibitions and local initiatives may reduce its use in the future. A “Good Samaritan” bill that was awaiting

the governor's signature at the time of this report would exempt from prosecution individuals caught with relatively small amounts of controlled substances as a result of seeking emergency medical assistance (for self or others) for a drug overdose.

**Data Sources:** *Student drug use data* for 2009 for students in grades 9 through 12 in Chicago public schools came from YRBS, prepared by the Centers for Disease Control and Prevention (CDC). *Price and purity data* for heroin were provided by the Drug Enforcement Administration's Heroin Domestic Monitor Program. *Forensic laboratory data* came from NFLIS for the first half of 2011. *Ethnographic data* on drug availability, prices, and purity were from observations and interviews conducted by the Community Outreach Intervention Projects, School of Public Health, University of Illinois at Chicago. *Treatment admissions data* for FYs 2009 and 2010 were provided by the Illinois Division of Alcoholism and Substance Abuse. *Arrestee data* came from the Arrestee Drug Abuse Monitoring Program.

## **Drug Abuse Patterns and Trends in Cincinnati (Hamilton County)—Update: January 2012**

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**Overview of Findings:** The predominant drug issues in Cincinnati continued to involve both cocaine/crack cocaine and marijuana as primary drugs of abuse. Cocaine indicators steadied to a moderate level in the first half of 2011, compared with calendar year (CY) 2010. Indicators for marijuana in the Cincinnati region were consistently reported at high levels, with a leveling off seen during the first half of 2011, compared with CY 2010 data sources (including treatment admissions, poison control center, and forensic laboratory data). Marijuana as a primary drug of abuse accounted for 30.8 percent of all treatment admissions, and it represented 41.2 percent of items submitted for forensic analysis to National Forensic Laboratory Information System (NFLIS) laboratories for the Cincinnati area. Indicators for heroin were at a moderate to high level, with an increase in all indicators during the first half of 2011 from the previous year. The number of items seized and submitted for forensic analysis identified as containing heroin increased by 25 percent in the first half of 2011, compared with CY 2010 data. Methamphetamine indicators continued to be low relative to other drugs in Cincinnati, with a leveling of indicators in the first half of 2011 compared with the previous year. MDMA (3,4-methylenedioxymethamphetamine) indicators were low to moderate in Cincinnati, but indicators showed a slight decrease during the first half of 2011, compared with CY 2010. Abuse of prescription drugs, particularly benzodiazepines and opioid narcotics, continued to be a prominent drug issue in Cincinnati. The number of calls to poison control centers involving synthetic designer drugs, specifically THC (tetrahydrocannabinol) homologs and cathinone derivatives, increased during CY 2011, compared with CY 2010 data.

**Updated Drug Abuse Trends and Emerging Patterns:** Cocaine/crack cocaine as the primary drug of abuse reported during admission to substance abuse treatment programs accounted for nearly 10 percent of all admissions during the first half of 2011. The Cincinnati Regional Narcotics

Unit (RENU) seized a combined total of more than 19,000 grams of cocaine/crack cocaine during CY 2011. There was a nearly 43-percent increase in calls involving cocaine recorded by poison control centers in CY 2011, compared with CY 2010. Drug items seized and identified as cocaine including crack cocaine by the Drug Enforcement Administration (DEA)'s NFLIS in the first half of 2011 revealed tetramisole (levamisole) impurities in 90 percent of the analyzed samples. **Heroin** indicators increased for the Cincinnati region in the first half of 2011, compared with CY 2010. Treatment admissions for primary heroin abuse were not delineated from other opiate/opioid admissions, but overall heroin and opioid admissions accounted for 23.2 percent of total admissions. The proportion of items seized and submitted for forensic analysis by NFLIS laboratories in Hamilton County and identified as heroin increased to 17.9 percent of total items analyzed in the first half of 2011, from 12.5 percent of the total in the first half of 2010 and 13.9 percent in CY 2010. Heroin purity levels declined, and the number of impurities detected by the DEA laboratory was substantial for the number of samples analyzed. **Prescription narcotics** containing either oxycodone or hydrocodone remained the most prevalent opioid products abused in Cincinnati, based on poison control center and NFLIS data. Abuse of methadone continued to decrease in the first half of 2011, compared with CY 2010. Alprazolam continued to be the most frequently abused **benzodiazepine**, according to users (as noted in focus group interviews) and law enforcement, as well as poison control center call data for CY 2011 and NFLIS data for the first half of 2011. Human exposure cases involving alprazolam and clonazepam reported to poison control centers remained relatively stable during CY 2011, compared with CY 2010. **Methamphetamine** indicators in Cincinnati remained relatively low, and the number of reported methamphetamine clandestine laboratory seizures decreased in CY 2011, compared with CY 2010. **Marijuana** dominated all other reported drugs as primary drugs of abuse among treatment admissions, accounting for 30.8 percent of total admissions during the first half of 2011. While marijuana availability and use remained high across the Cincinnati region, according to focus group participants, indicators pointed to a leveling off at a high level. Indicators for **MDMA** in Cincinnati during 2011 decreased to a low level, even though poison control centers recorded 25 percent more calls in CY 2011 than in the previous year. **Emerging Patterns:** Poison control center call data showed a decrease in numbers of reported human exposure calls for buprenorphine in CY 2011, compared with CY 2010, but a 10-percent increase in calls for intentional use and abuse of that drug. Drug identification calls increased by 128 percent in CY 2011, compared with CY 2010. Drug identification calls to poison control centers are often used as indicators of pharmaceutical diversion. Drug items seized and identified by NFLIS laboratories as buprenorphine increased in rank from 12th place among total drug items identified in 2010 to 8th in the first half of 2011. The abuse of synthetic drugs, including THC homologs and cathinone derivatives, increased substantially in 2011, as captured by poison control center call data and NFLIS drug seizure and analysis data for the first half of 2011.

**Data Sources:** *Medical Examiner data* were obtained by the Hamilton County Coroner's Office for drug-related deaths for the first half of 2011, for comparison with death data from 2007 to 2010. Data resulted from positive toxicology evidence of drug or alcohol use found in decedents. Cases were classified as accidental, suicide, or homicide. Drug or alcohol findings were not necessarily recorded as cause of death. *Qualitative data* came from focus group interviews conducted for the Ohio Substance Abuse Monitoring Project, funded by the Ohio Department of Alcohol and Drug Addiction Services. *Drug purity data* were provided by the DEA, Cincinnati Resident Office, for January–December 2011. *Treatment data* were provided by the Hamilton County Mental Health and Recovery Services Board for fiscal years 2007 to 2009, CY 2010, and the first half of CY 2011.



Data were provided for publicly funded treatment programs within Hamilton County only. Primary drug of use at admission was determined through billing data submitted by reporting agencies. Data were captured by group classification and not necessarily by specific drug type or route of administration. **Poison control center call data** were provided by the Cincinnati Drug and Poison Information Center for CYs 2007 through 2011. There are two call “types” recorded—either drug information or actual human exposure to a product. Most exposures involved intentional abuse/misuse/suspected suicide, but all were captured in the data set. All exposure cases are for human cases only; animal cases were excluded, as were “confirmed” nonexposure cases. **Drug seizure data** were provided by the Cincinnati RENU for CYs 2007–2011. **Forensic laboratory data** were provided by NFLIS, DEA, for the first half of 2011. **Additional drug seizure data** were provided by the Warren County Drug Task Force. **Methamphetamine clandestine laboratory data** were provided by the Ohio Bureau of Criminal Identification & Investigation.

## **Drug Abuse Patterns and Trends in Colorado and the Denver/Boulder Metropolitan Area—Update: January 2012**

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**Overview of Findings:** Ranked the highest in relation to other drugs and with most indicators remaining stable or trending upward, marijuana continued to be a major drug of abuse in Colorado and the Denver/Boulder metropolitan area, based on data for treatment admissions, hospital discharges, law enforcement drug testing, and estimated emergency department (ED) visits. Among Colorado and Denver/Boulder area indicators, methamphetamine was mostly stable with some increasing trends, based on a large proportion of treatment admissions, increased availability, and an increase in hospital discharges (although still shown in relatively small proportions). Colorado and Denver/Boulder area cocaine indicators reflected mostly downward trends, including treatment admissions, ED visits, drug-related mortality, and poison control center calls. Heroin abuse indicators, although relatively low in proportionate share when compared with other drugs, increased based on treatment admission data and availability; however, mortality rates declined slightly. Statewide and in the Denver/Boulder area, opiates/opioids other than heroin were a smaller but increasing percentage of treatment admissions relative to other drugs. Other opiates/opioids represented a substantial proportion of estimated ED visits, hospital discharges, and drug-related mortality. Beyond abuse of illicit drugs, alcohol remained Colorado's most frequently abused substance and accounted for the most treatment admissions, estimated ED visits, poison control center calls, drug-related hospital discharges, and drug-related mortality.

**Updated Drug Abuse Trends and Emerging Patterns:** **Cocaine** treatment admissions statewide remained mostly stable (between 18 and 22 percent, excluding alcohol) from 2002 through 2008 and gradually declined to an 11-year low of 13 percent in the first half of 2011. Denver-area primary cocaine admissions decreased from 24 percent in the first half of 2007, to 22 percent in the first half of 2008, to an 11-year low of 14.6 percent in the first half of 2011. The weighted cocaine-involved ED visit rate for the Denver metropolitan area decreased, from 168.5 per 100,000 population in 2008 to 109.6 per 100,000 in 2009, which represents a statistically significant decrease of 34

percent. These are the most recent data available to date. Cocaine ranked third (behind marijuana and opioids) in 2010 Colorado substance abuse-related hospital discharges, excluding alcohol ( $n=3,422$ ; rate per 100,000 population=66). Both the number and rate of discharges increased slightly from 2009 ( $n=3,264$ ; rate per 100,000 population=64). Cocaine was the second most common drug (excluding alcohol and behind other opioids) in Colorado death mentions in 2010, at a rate of 2.2 per 100,000 population for the State; this rate was stable from the previous year (2.5 per 100,000 in 2009). Cocaine was the most common drug seized and submitted for testing by law enforcement in the first half of 2011 in Arapahoe, Denver, and Jefferson Counties, based on National Forensic Laboratory Information System (NFLIS) data. The Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) reported that cocaine availability in the region was decreasing, which has led to an increase in price. The Denver Drug Enforcement Administration (DEA) indicated that although cocaine quality could be sporadic, cocaine purity levels remained high (56–79 percent pure). In the first half of 2011, **heroin** ranked fourth in statewide treatment admissions and increased to 12 percent of total admissions (excluding alcohol). Denver area primary heroin treatment admissions also increased, from 13 percent of the total (excluding alcohol) in the first half of 2010 to 16 percent in the first half of 2011. This increase resulted in a change in rank for heroin, from fourth to third, in Denver area treatment admissions. There has been growing concern of an increase of new heroin users, including young adults who have switched from abusing prescription opioids to heroin due to availability and cost. The weighted heroin-involved ED visit rate for the Denver metropolitan area was 51.7 per 100,000 population in 2009, compared with 52.8 per 100,000 in 2008. Although heroin was not among the most common drugs found in Colorado death mentions, it remained fairly stable from 2005 to 2008, at a rate of 0.9 per 100,000 population; heroin death mentions increased slightly in 2009 to a rate of 1.4 per 100,000. In 2010, heroin dropped back down to a rate of 0.9 per 100,000 population. Heroin lagged far behind cocaine, marijuana/cannabis, and methamphetamine among drugs seized and submitted for testing by law enforcement in the first half of 2011 in Arapahoe, Denver, and Jefferson Counties, based on NFLIS data. The DEA reported that all Denver heroin samples purchased through the 2009 Heroin Domestic Monitor Program (HDMP) were Mexican heroin, which was similar to previous years. The average heroin purity decreased, from 47.8 percent in 2008 to 40.7 percent in 2009, while the price of Mexican heroin increased from \$0.24 to \$0.37 per milligram pure in 2009. HIDTA reported increased heroin availability and a rising heroin market in Denver. **Other opiates/opioids** other than heroin (i.e., prescription opioids, narcotic analgesics) ranked fifth in both statewide and greater Denver treatment admissions (excluding alcohol), accounting for 10 percent of admissions in both Colorado and the Denver area in the first half of 2011. Statewide, other opiate/opioid admissions gradually increased, from 5 percent in the first half of 2007, to 7 percent in the first half of 2008, to 9 percent in the first half of 2009. Similarly, in the greater Denver area, primary other opiate/opioid admissions climbed from 5 percent in the first half of 2007, to 6 percent in the first half of 2008, to 8 percent in the first half of 2009. The Denver metropolitan weighted ED visit rate for narcotic analgesics remained stable from 2008 (104.6 per 100,000 population) to 2009 (104.4 per 100,000). These are the most recent data available. Other opiates/opioids ranked second in 2010 Colorado substance abuse-related hospital discharges, excluding alcohol ( $n=4,971$ ; rate per 100,000 population=96); both the number and rate of discharges increased from 2009 ( $n=4,210$ ; rate per 100,000=83). Other opiates/opioids were the most common type of drug in Colorado death mentions in 2010, at a rate of 5.8 per 100,000 population for the State, which remained fairly stable from 6.0 per 100,000 in 2009. Other opiates/opioids were the most common drugs found in Colorado drug-related deaths from 2005 to 2010. Oxycodone (1.9 percent of total drug items identified) and hydrocodone (1.2 percent) were among the top 10 drugs



seized and identified in NFLIS laboratories in the first half of 2011 in Arapahoe, Denver, and Jefferson Counties. Rocky Mountain HIDTA reported very high levels of illegally diverted controlled prescription drugs in the region. **Benzodiazepines** (including the categories of "benzos," barbiturates, clonazepam, other sedatives, and tranquilizers) represented approximately 1 percent of State treatment admissions in the first half of 2011. The rate of weighted benzodiazepine-involved Drug Abuse Warning Network (DAWN) ED visit rates in the Denver metropolitan area was 69.8 per 100,000 population in 2009, compared with 72.0 per 100,000 in 2008. **Methamphetamine**, which accounted for the next highest proportion of treatment admissions statewide (excluding alcohol), overtook cocaine admissions in the first half of 2003; they continued to increase and peaked during the second half of 2005 (at 33 percent). Proportions of primary methamphetamine admissions decreased slightly to 31 percent during the first half of 2006 and remained fairly stable (between 24 and 27 percent) from 2008 through 2010. In the first half of 2011, methamphetamine admissions represented 24 percent of all statewide treatment admissions. In the greater Denver area, methamphetamine reached a high proportion of 23 percent in the first half of 2007, but the proportion of such admissions has since declined to 18 percent in the first half of 2011. The weighted methamphetamine DAWN ED visit rate per for the Denver metropolitan area was 33.9 per 100,000 population in 2009, compared with 35.6 per 100,000 in 2008. Methamphetamine could not be identified separately, but rather was included in the stimulants category in Colorado drug-related hospital discharge data. Stimulants ranked fourth (behind marijuana, other opiates/opioids, and cocaine) in 2010 Colorado drug-related hospital discharges, excluding alcohol ( $n=2,059$ ; rate per 100,000 population=40); both the number and rate of discharges increased from 2009 ( $n=1,557$ ; rate per 100,000=31). Stimulants (mostly methamphetamine) were the third most common drug category in Colorado death mentions excluding alcohol in 2010, at a rate of 1.2 per 100,000 population for the State. Methamphetamine was the third most common drug seized and identified by forensic laboratories in the first half of 2011 in Arapahoe, Denver, and Jefferson Counties, based on NFLIS data. Although local methamphetamine production was low, HIDTA reported that methamphetamine availability was increasing due to an increasing supply of "ice" methamphetamine from Mexico. HIDTA Initiative seizure data also indicated an increase in methamphetamine seizures, along with a decrease in price from 2009 to 2010, as a result of increased availability. **Marijuana** continued to be the primary drug of abuse statewide and in the greater Denver area, excluding alcohol. During the first half of 2011, admissions for marijuana represented 37 percent of total drug treatment admissions in both Colorado and the Denver area. There was a statistically significant increase of more than 200 percent in the Denver metropolitan area weighted marijuana-involved DAWN ED visit rate from 2004 (50.5 per 100,000 population) to 2008 (151.7 per 100,000); the rate in 2009 decreased to 124.1 (by a statistically significant 17 percent). However, marijuana continued to rank first in Denver ED visit rates (excluding alcohol). Marijuana ranked first in 2010 Colorado drug-related hospital discharges, excluding alcohol ( $n=5,744$ ; rate per 100,000 population=111); both the number and rate of discharges increased from 2009 ( $n=4,451$ ; rate per 100,000=88). Also, marijuana/cannabis was the second most common drug seized and identified by forensic laboratories in the first half of 2011 in Arapahoe, Denver, and Jefferson Counties, based on NFLIS data. HIDTA reported that indoor marijuana grow operations were increasing as a result of the adverse effects of the medical marijuana laws, resulting in a 622-percent increase in indoor marijuana eradication from 2009 to 2010. There also were several large-scale outdoor marijuana grow operations seized in Colorado national forests as Mexican drug trafficking organizations continued to cultivate marijuana in remote areas of Colorado. The supply and demand for marijuana were both very high. Denver area substance use treatment providers have reported an overall climate in which marijuana is much more accessible

and less stigmatized. The large influx of medical marijuana care centers may be contributing to the quality, high availability, and increased use of marijuana. The implications of medical marijuana and its impact on substance use disorder treatment will need continued monitoring. **MDMA** (3,4-methylenedioxymethamphetamine) accounted for 1.1 percent of State treatment admissions (excluding alcohol) in the first half of 2011. This represents an increase from 0.3 percent of State treatment admissions in the first half of 2010. There were 295 weighted MDMA-involved DAWN ED visits in the Denver metropolitan area in 2009, compared with 354 such visits in 2008. The DEA stated that Canada was the source for most MDMA encountered in Colorado. Other local law enforcement and intelligence agencies also reported increased availability and distribution by Asian traffickers. The purity of MDMA seizures has declined over recent years to approximately 50 percent pure. **BZP** (1-benzylpiperazine) was not identified by any of the most common drug indicators, but it has typically been combined with MDMA and TFMPP (1-3-(trifluoromethylphenyl)piperazine). BZP was made a Schedule I controlled substance in Colorado as of July 1, 2009, which may explain the decrease in exhibits as reported by the Denver Crime Laboratory (DCL). **Synthetic cannabinoids** (“Spice”, “K2”, and “Black Mamba”) and **synthetic cathinones** (“bath salts,” often labeled as “Cloud Nine,” “Vanilla Sky,” and “White Dove”) have been a recent growing concern due to calls to poison control centers. However, there are few indicators that have the ability to isolate and capture the data, making it difficult to determine actual usage levels. Synthetic cannabinoid human exposure poison control center calls increased from 2009 to 2010, according to the Rocky Mountain Poison and Drug Center data. Additionally, there were 44 poison and drug center calls related to synthetic cathinones in 2011 (through December 16, 2011). The DCL reported an increase in synthetic cathinones mixed with other drugs (e.g., MDMA, Foxy methoxy [5-methoxy-N,N-diisopropyltryptamine or 5-MeO-DIPT], or heroin). Synthetic cannabinoids were recently scheduled in Colorado, which may limit future availability and use. **HIV/AIDS** Update: Cumulative acquired immunodeficiency syndrome (AIDS) data through December 2010 indicated cases related to injection drug use remained stable.

**Data Sources:** *Treatment data* were provided by the Colorado Department of Human Services, Division of Behavioral Health (DBH). Data from client admissions to all DBH-licensed treatment providers from January to June 2011 were included in the data set. **Weighted DAWN ED visit data** from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, were available to report drugs involved in ED visits occurring in 2004–2009 (output produced 10/5/2010). Rates per 100,000 population were based on U.S. Census, County-Level Population Estimates. **Forensic laboratory data** were provided by NFLIS, DEA, for the first half of calendar year (CY) 2011 (January–June) for Denver, Jefferson, and Arapahoe Counties. While the NFLIS data are described, they cannot be compared with earlier data to establish trends, as a new methodology renders them not comparable. **Hospital discharge data** were obtained from the Colorado Department of Public Health and Environment and from the Colorado Hospital Association. These data represent CY 2010. **Mortality data** were obtained from the Colorado Department of Public Health and Environment and represent CY 2010. **Poison and drug control center call data** were obtained from the Rocky Mountain Poison and Drug Center. **Heroin drug price and purity data** came from the DEA’s 2009 HDMP report published in November 2010. **Intelligence and qualitative data** were obtained from a questionnaire developed by the Denver Office of Drug Strategy and sent in September 2011 to law enforcement, treatment, research, public health, and street outreach agencies, as well as from the Proceedings of the Denver Epidemiology Work Group. **Intelligence data, information on drug seizure quantities, drug price data, and purity data**

were also obtained from the U.S. Department of Justice, National Drug Intelligence Center, Rocky Mountain HIDTA, Office of National Drug Control Policy, Drug Market Analysis 2011. **HIV/AIDS data** were obtained from the Colorado Department of Public Health and Environment (Human Immunodeficiency Virus/Sexually Transmitted Diseases [HIV/STD] Surveillance Program Disease Control and Environmental Epidemiology).

## **Drug Abuse Patterns and Trends in Detroit, Wayne County, and Michigan— Update: January 2012**

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**Overview of Findings:** Drug use patterns in Detroit differ from those across the rest of the State of Michigan. In Detroit, heroin and cocaine are the two major drugs of abuse, while heroin and other opiates are the major drugs of abuse in the rest of the State. However, marijuana use is widespread in both Detroit and across the State. In Detroit, cocaine treatment admissions declined as a proportion of total admissions, and crack cocaine continued to be the dominant form of cocaine. More than 38 percent of the admissions for cocaine were homeless. In the first half of 2011, deaths with cocaine continued to decline. Levamisole continued to be detected in deaths by the Medical Examiner's (ME) office. Treatment admissions for heroin remained at a high level. The most striking trend for heroin admissions in Detroit and the rest of Michigan was the continued influx of young and White treatment clients. Data for 2009 showed an increase in estimated emergency department (ED) heroin-involved visits, compared with 2008. In 2009, both price and purity increased for South American heroin. Treatment admissions for marijuana as the primary drug of abuse remained at their highest proportion ever. The percentage of marijuana treatment admissions who were homeless increased in fiscal year (FY) 2011 to 24.3 percent, from 21.0 percent in FY 2010<sup>11</sup>. Calls to the Poison Control Center for intentional human consumption of synthetic cannabinoids and synthetic cathinones increased. For the first time, 5-MeO-DIPT (5-methoxy-N,N-diisopropyltryptamine or Foxy methoxy) ranked high in the volume of specific drugs detected among items seized and identified by National Forensic Laboratory Information System (NFLIS) laboratories in the Detroit area.

**Updated Drug Trends and Emerging Patterns:** Treatment admissions with **cocaine** as the primary drug accounted for 17.4 percent of total Detroit publicly funded admissions in FY 2011, continuing cocaine's decline from its decade-long height of 33.8 percent in FY 2000. Almost 91 percent of these admissions were for crack cocaine. The proportion of publicly funded admissions in the rest of the State with cocaine reported as the primary drug was much lower (6.8 percent), and the proportion was also declining. Of the cocaine admissions in Detroit, 59.4 percent were male; 90.9 percent were African-American; and 84.9 percent were older than 35. The percentage of admissions older than 35 in Detroit was higher than in the rest of Michigan (64.0 percent). Detroit cocaine treatment admissions had a high rate of homelessness (38.2 percent) compared with all Detroit admissions (24.3 percent). In the first half of 2010, the Wayne County ME reported

<sup>11</sup>The Detroit area representative reported treatment data by calendar year data for the first half of 2011 in the cross-area treatment tables contained in this Highlights and Executive Summary report. However, fiscal year data are reported in this Update Brief.

104 deaths involving cocaine; this number represents a continuing decline. Levamisole continued to be detected in many decedents ( $n=182$  in 2011, compared with  $n=176$  in 2009). The weighted ED cocaine rate per 100,000 population in the five-county Detroit area showed a significant decline from 2008 to 2009 for total population and for both genders. A focus group of law enforcement officials reported little change in cocaine trends during the last 6 months of 2011. Cocaine continued to rank second in volume of drug items seized and identified in Wayne County, according to NFLIS. In FY 2011, treatment admissions in Detroit with **heroin** as the primary drug constituted 31.4 percent of all admissions; this proportion was up slightly from 30.9 percent of publicly funded admissions in FY 2010. The proportion of publicly funded admissions in the rest of the State with heroin as the primary drug was much lower (17.1 percent), but it was increasing (the proportion was 13.8 percent in FY 2010). In Detroit, 64.9 percent of primary heroin treatment admissions were male; 79.1 percent were African-American; and 85.9 percent were older than 35. The percentage of admissions for heroin older than 35 was higher in Detroit than in the rest of Michigan (27.1 percent). In FY 2011, similar to FY 2010, White heroin treatment clients continued to have a younger mean age, and they were more likely to inject heroin than African-American heroin treatment clients: 38.2 versus 51.5 years and 71.7 versus 34.8 percent, respectively. In the first half of 2011, the Wayne County ME reported 109 deaths involving heroin; when annualized to 218 deaths, this was an increase from 198 deaths in 2010. An overdose prevention program was implemented in 2010 but lacked a prescriber in 2011. The weighted ED heroin rate per 100,000 population in the five-county Detroit area showed a significant increase from 2008 to 2009 for total population and for females. Heroin continued to rank third among drugs seized and identified by NFLIS laboratories in Wayne County. Price and purity data for 2009 showed an increase in mean purity levels and in price. ED visits for **buprenorphine** increased significantly from 152 in 2008 to 327 in 2009. **Oxymorphone** (Opana®) misuse was reported by law enforcement as a new drug abuse trend; there were 12 items seized and identified as oxymorphone by NFLIS laboratories in Wayne County during the first half of 2011. **Methamphetamine** indicators remained low. The drug was not among the top 10 drugs in volume of drug items seized and identified in Wayne County, according to NFLIS. Treatment admissions with **marijuana** as the primary drug in Detroit accounted for 15.0 percent in FY 2011; this was similar to 14.6 percent in FY 2009. Of these admissions, the percentage of males was 64.1 percent; 91.8 percent were African-American; and the proportion younger than 18 was 18.0 percent (this represented a steep decline from the 28.9 percent in FY 2011). The percentage of publicly funded admissions in the rest of the State with marijuana as the primary drug was similar (16.6 percent). There was criminal justice involvement in 54.4 percent of Detroit marijuana admissions in FY 2011, compared with 60.7 percent of marijuana admissions in FY 2010. The weighted ED marijuana rate per 100,000 population in the five-county Detroit area showed a significant increase from 2008 to 2009 for total population and for females. Marijuana continued to rank first among drugs seized and identified by NFLIS laboratories in Wayne County. A focus group of law enforcement officials reported that marijuana was widespread. **Ecstasy** use was still evident in ME reports, but law enforcement officials reported sporadic seizures. Foxy methoxy, or **5-MeO-DIPT**, ranked seventh among drugs seized and identified by NFLIS in Wayne County, surpassing eighth-ranked **MDMA** (3,4-methylenedioxymethamphetamine). The Poison Control Center reported an increase in calls of intentional human consumption of **synthetic cannabinoids**; 61 percent of these calls were from the three-county Detroit metropolitan area. Increases were also reported for calls to the Poison Control Center for **synthetic cathinones**; 13 percent of the calls were from the three-county Detroit metropolitan area. Both synthetic cathinones and synthetic cannabinoids were reported among drugs seized and identified by NFLIS in Wayne County, but the individual compounds were not among



the top ranked items seized and analyzed. People with newly diagnosed human immunodeficiency virus (HIV) infection continued to be disproportionately living in the six-county metropolitan Detroit area (64 versus 43 percent of the total population for Michigan), African-American (61 versus 14 percent of the total population for Michigan), and male (82 percent). Five percent of the people newly diagnosed with HIV infection reported injection drug use, either alone or combined with other high-risk sexual behavior, as a risk behavior.

**Data Sources:** *Mortality data* came from the Wayne County ME for January–June 2011. *Drug-related crime data* came from a law enforcement officials' focus group conducted by Cynthia L. Arfken, Ph.D. *Poison control center data* came from calls made to the Poison Control Center at Children's Hospital of Michigan for January–November 2011. *Treatment admissions data* were provided by the Bureau of Substance Abuse and Addiction Services, Division of Substance Abuse and Gambling Services, Michigan Department of Community Health for Fiscal Year 2011. *ED data* came from the Drug Abuse Warning Network, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. *Forensic laboratory data* for the first half of 2011 were provided by NFLIS. *HIV data* came from Michigan Department of Community Health for January–October 2011.

## Drug Abuse Patterns and Trends in Honolulu/Hawaii—Update: January 2012

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**Overview of Findings:** As noted in previous CEWG reporting periods, drug indicators in Honolulu and Hawaii in the first half of 2011 reflected the political and economic realities of the recent recession, including funding cuts for nongovernmental health and social service agencies. Drug indicators and trends showed little change from previous reports. **Cocaine** indicators showed levels slightly below recent reporting periods, and good quality was reported. **Heroin** indicators remained very low. **Synthetic opioids**, especially hydrocodone, were available, and indicators were slowly increasing. **Methamphetamine** and **marijuana** remained readily available and at similar prices to previous reports. **Ecstasy or MDMA** (3,4-methylenedioxymethamphetamine) was not reported in Hawaii treatment admissions or Honolulu police data, but qualitative indicators showed that it was present and in use (although not causing problems), and it was primarily identified at the time of seizure of tablets by law enforcement agencies. **“Spice,” “bath salts,” ketamine, khat, dextromethorphan**, and the wide variety of other, less often used drugs reported elsewhere in the United States did not appear in Hawaii indicators.

**Updated Drug Abuse Trends and Emerging Patterns:** Drug prices in Hawaii have remained relatively stable for almost 3 years, regardless of the size of seizures, number of arrests, or degree of apparent surveillance. The systems of drug sales and delivery remained in place, with new dealers replacing those incarcerated for trafficking. Street reports continued to suggest no shortages of drugs, just a need to know where to look and who to ask. Methamphetamine and cocaine (crack) remained readily available on the street. Regardless of supply issues, drug prices do not fluctuate much. Some investigation of this situation will be included in upcoming reports. Drug seizures

and testing in Honolulu are reported through the National Forensic Laboratory Information System (NFLIS). The percentages of the four major drugs identified shifted during the first half of 2011, with methamphetamine increasing slightly, cocaine declining, marijuana/cannabis declining, heroin increasing, and “other drugs” increasing. MDMA decreased to the point that it no longer ranked among the top 10 drugs seized and identified in Hawaii. Methamphetamine was still identified most often, followed by marijuana/cannabis and cocaine, with heroin fourth. Treatment admissions data in Hawaii are based on self-reported primary drug information. Honolulu Police Department data are based on cases. Data related to the Medical Examiner (ME) office represent all decedents dying without an immediately apparent cause of death; dying when violence was involved, including traffic accidents; or dying unattended. The ME office is located in Honolulu and only reflects data for Honolulu. The ME office provided data showing that the numbers of deaths with cocaine in the toxicology screen were stable or perhaps increasing slightly. During this same 6-month period, the number of treatment admissions in Hawaii with cocaine as the primary drug seemed stable or increasing slightly. Honolulu Police data also reported a similar pattern, with the number of cocaine cases in the community stable or increasing slightly. Examining these data on a half-year basis and comparing them with full year data or even data from the previous year at the same time is purely speculative, but these data, if the current use rate continues for the next 6 months, may show a very modest increase in cocaine use indicators for 2011. Cocaine remained the third most frequently analyzed drug by NFLIS laboratories in Honolulu. The numbers of heroin treatment admissions for the State of Hawaii were stable or increasing when compared with the previous year (2010) as a whole, as well as the first half of 2010. The number of Honolulu police cases for heroin use appeared to be increasing when the previous year comparisons are made. ME data for heroin was not available for the first 6 months of 2011; for this reporting period, the ME used “any opiate” as the identified substance. The ME Toxicology Screening Report indicated that if the rate for the first half of 2011 continued for the remainder of the year, the number of decedents with an opiate in their toxicology screen in 2011 will show an increase from previous periods and years. While the number of drug items seized and identified as heroin in NFLIS laboratories has been minimal in Hawaii in recent years (for 2 years heroin did not rank among the top 10 drugs seized and identified in Honolulu), heroin returned to the top 10 list of analyzed drugs in Honolulu in the first half of 2011. The numbers of primary marijuana treatment admissions were relatively stable in the first half of 2011 (at  $n=976$  admissions), compared with the first half of 2009 (with  $n=927$ ). The number of police cases involving marijuana increased during this period, and the number of decedents with THC (tetrahydrocannabinol), a metabolite of cannabis, in their blood also increased. Marijuana/cannabis (including THC or similar products) was the second most identified drug category analyzed by NFLIS laboratories in Honolulu in the first half of 2011.

**Data Sources:** *Data for this period were obtained from the following sources: Hawaii High Intensity Drug Trafficking Area reports; Honolulu Police Department Narcotics and Vice data sets; Hawaii Office Drug Enforcement Administration reports; State of Hawaii Office of Narcotic Control; Office of the U.S. Attorney; State of Hawaii, Department of Health, Alcohol and Drug Abuse Division and the Infectious Disease Branch; Attorney General's Office; Crime Data Statistics Office; City and County of Honolulu, ME Office; State of Hawaii Department of Business, Economic Development, and Tourism; and Hawaii Drug Policy Forum reports. Data were also collected from the following sources: NFLIS; private drug treatment facilities; Department of Psychiatry, University of Hawaii; Queens Hospital; and the Hawaii Health Information Corporation. All data pertain to adults within the State of Hawaii. The State of Hawaii does little analysis of its data on clients in treatment. Univariate*



*statistics are available, but even bivariate data showing profiles of users of specific drugs are not routinely generated, and accessing those data by people who are not affiliated with the Alcohol and Drug Abuse Division is not permitted. No analysis of polydrug use is conducted, nor of recidivists in the treatment system. Although 6-month post-treatment data are collected, differential analyses of those succeeding in treatment compared with those that do not succeed are not completed.*

## **Drug Abuse Patterns and Trends in Los Angeles County—Update: January 2012**

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**Overview of Findings:** This report updates data on drug abuse indicators for the Los Angeles County CEWG area since the last reporting period. The overall number of treatment admissions in January–June 2011 was similar to that of the corresponding 6-month period in 2010 ( $n=23,543$  and  $n=23,870$ , respectively). The four primary substances accounting for the largest percentages of primary admissions were marijuana (24 percent), alcohol (22 percent), heroin (21 percent), and methamphetamine (16 percent), differing little from calendar year (CY) 2010 (when marijuana accounted for 24 percent, alcohol accounted for 23 percent, 20 percent were for heroin, and 16 percent were for methamphetamine). Marijuana (39 percent), cocaine (23 percent), and methamphetamine (21 percent) accounted for a majority of Los Angeles-based illicit drug items seized and identified by the National Forensic Laboratory System (NFLIS) for January–June 2011; these results indicated a slight increase for methamphetamine and cocaine and a slight decrease for marijuana from CY 2010. Reports of cocaine (12 percent) among Los Angeles County Department of the Coroner toxicology cases for the first 10 months of 2011 represented a slight decline from CY 2010 (14 percent). Marijuana represented 14 percent of coroner toxicology cases for the first 10 months of 2011; this was a slight increase from 2010 (when they accounted for 12 percent). In this 10-month 2011 time period, percentages of coroner cases for heroin/morphine (15 percent), methamphetamine (15 percent), benzodiazepines (12 percent), and other opioids (28 percent) remained relatively stable from the previous year. Prices for drugs remained stable from the first through third quarters of 2011.

**Updated Drug Abuse Patterns and Emerging Trends: Cocaine** accounted for 9 percent of Los Angeles County alcohol and other drug (AOD) treatment admissions in the first half of 2011, continuing a downward trend (from 13 percent in CY 2009 and 10 percent in CY 2010). African-Americans represented an increasing majority of cocaine treatment admissions in the first half of 2011, at 65 percent of cocaine admissions; this was an increase from 63 percent in CY 2010, 62 percent in CY 2009, and 56 percent in CY 2007. Twenty-three percent of drug items seized and identified by NFLIS laboratories in the first half of 2011 contained cocaine, a slight increase over CY 2010 levels (21 percent) but still lower than the 27 percent in 2009. Cocaine was present in 12 percent of coroner toxicology cases in the first 10 months of 2011, continuing a decrease from 19 percent in 2009 and 14 percent in 2010. Wholesale and retail prices of cocaine remained stable from 2010. In January–June 2011, 21 percent of primary treatment admissions in Los Angeles County were for **heroin**, showing little change from CY 2010 levels (20 percent). Heroin was identified in 5 percent of drug items seized and identified by NFLIS laboratories, similar to 2010 levels.

Heroin/morphine was present in 15 percent of coroner toxicology cases in the first 10 months of 2011, continuing a decreasing trend in percentages (from 20 percent in CY 2009 and 16 percent in CY 2010). Approximately 3 percent of primary treatment admissions in the first half of 2011 were for **other opioids/narcotics excluding heroin**; this proportion was stable from CY 2010 levels. Hydrocodone, oxycodone, and codeine together accounted for 2.0 percent of NFLIS items in the first half of 2011, similar to CY 2010. Los Angeles County Coroner toxicology cases showed that other opioids/narcotics were present in 28 percent of cases in the first 10 months of 2011, showing little change from CY 2010 (29 percent). **Benzodiazepines, tranquilizers, and sedatives** together accounted for a very small percentage (0.5 percent) of total primary treatment admissions in the first half of 2011; this percentage was similar to CY 2010. These types of drugs were present in 13 percent of coroner toxicology cases in the first 10 months of 2011, showing little change from CY 2010 (12 percent). The category of "other" **amphetamines and stimulants**, which includes several prescription drugs, such as Adderall® and Ritalin®, accounted for a small proportion (2.4 percent) of treatment admissions in the first half of 2011, but this was nearly double the CY 2010 level of 1.3 percent. **Methamphetamine** remained prevalent and of major concern to law enforcement agencies in the Los Angeles County region. For January–June 2011, the percentage of AOD primary treatment admissions for methamphetamine (16 percent) remained stable from CY 2010 levels. Females (49 percent) continued to represent higher proportions of methamphetamine admissions than they did of admissions for other major substances. Hispanics (57 percent) had high representation among methamphetamine admissions, similar to their percentage among marijuana admissions and higher than their proportion among other major substances. Approximately one in five (21 percent) of NFLIS-reported items seized and identified in forensic laboratories contained methamphetamine, ranking it third among types of substances analyzed (after cocaine and marijuana/cannabis); this was a slight increase over CY 2010 (19 percent). Third quarter 2011 wholesale and retail prices for methamphetamine were stable from 2010 and early 2011 levels, following a decline from 2008–2009 levels. The price of methamphetamine remained at low levels, and availability was high, in spite of violence in Mexico that has pushed some production southward in Central America. Coroner toxicology cases testing positive for methamphetamine in the first 10 months of 2011 (15 percent) edged up slightly over CY 2010 levels (14 percent). **Marijuana** was reported as the primary drug for 24 percent of Los Angeles County treatment admissions in the first half of 2011, indicating no change from CY 2010 levels. More than one-half (57 percent) of marijuana admissions were for adolescents younger than 18. Marijuana/cannabis was identified in 39 percent of items analyzed by NFLIS laboratories in the first half of 2011, which was a slight decrease from CY 2010 (41 percent), showing a leveling of a previously increasing trend. THC (tetrahydrocannabinol), a metabolite of cannabis, was identified in 14 percent of coroner toxicology cases from January to September 2011; this was a small increase from the CY 2010 percentage (12 percent). Treatment admissions for **MDMA** (3,4-methylenedioxymethamphetamine) remained at a very low level (0.5 percent). MDMA remained at a ranking of fifth among drugs seized and identified by NFLIS laboratories in Los Angeles County (2.5 percent of items); this represented a decline from CY 2010 levels (4.3 percent). **Emerging Patterns:** Patterns were relatively stable or showed only very small changes for most substances and indicators.

**Data Sources:** *Treatment data* were provided by Los Angeles County Department of Public Health, Alcohol and Drug Program Administration (tables produced by California Department of Alcohol and Drug Programs [ADP]) from CalOMS (California Outcome Monitoring System). CalOMS is a statewide client-based data collection and outcomes measurement system for AOD prevention

and treatment services. Submission of admission/discharge information for all clients is required of all counties and their subcontracted AOD providers, all direct contract providers receiving public AOD funding, and all private-pay licensed narcotic treatment providers. Data for this report include admissions in Los Angeles County for January–June 2011. **Forensic laboratory data** were provided by NFLIS, Drug Enforcement Administration, for January–June 2011. **Drug price data** were derived from reports from the Los Angeles County Regional Criminal Information Clearinghouse (LA CLEAR) (provided by J. Valle). The prices included in this report reflect the best estimates of the analysts in the Research and Analysis Unit at LA CLEAR, as available for the "Third Quarter Report 2011," based primarily on field reports, interviews with law enforcement agencies throughout the Los Angeles High Intensity Drug Trafficking Area, and post-seizure analysis. **Mortality data** for January–September 2011 were from the Los Angeles County Department of the Coroner (provided by O. Brown) and indicate positive drug results from toxicology cases (not necessarily specific causes of death).

## Drug Abuse Patterns and Trends in Maine—Update: January 2012

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**Overview of Findings:** This report updates Maine drug abuse indicators for the 2011 reporting period. During the last decade, illicit drug abuse has been dwarfed by a growing problem with pharmaceuticals in Maine; this trend continued into 2011. Heroin and cocaine indicators have been in decline in recent reporting periods, but there were some increases in 2011 in heroin-related illicit drug arrests and drug-induced deaths attributed to cocaine. Abuse of narcotic analgesics continued as the most important of Maine drug abuse problems in 2011, causing the majority of overdose deaths. In 2011, Maine experienced a substantial increase in the abuse of synthetic cathinones labeled as “bath salts,” predominantly MDPV (3,4-methylenedioxypyrovalerone) and mephedrone, based on human exposure calls to the New England Poison Center and drug items seized and identified by the Maine Health and Environmental Testing Laboratory.

**Updated Drug Trends and Emerging Patterns:** Cocaine levels and trends in the 2011 reporting period were mixed, with some indicators increasing, some decreasing, and some stable. Deaths from cocaine in the first half of 2011 constituted 7 percent of all drug-induced deaths in Maine. This proportion has been relatively stable since 2008. Cocaine/crack arrests dominated the illicit drug arrests of the Maine Drug Enforcement Agency (MDEA) during the mid-2000s, but the proportion of arrests for cocaine has decreased substantially, from 46 percent of all drug arrests in 2007 to 22 percent in 2010. A similar proportion for cocaine arrests was projected for 2011, based on 9-month data from January to September 2011, although the proportion of crack versus powder cocaine appeared to be increasing. Although cocaine represented the largest single category of drug items seized and tested in Maine's forensic laboratory (the Health and Environmental Testing Laboratory), the proportion declined to 40 percent of all samples analyzed in the first half of 2010; the proportion declined again in the first half of 2011, to 29 percent of total items analyzed. Levamisole was present in 47 percent of seized drug samples identified as containing cocaine by the Maine forensic laboratory.

Proportions of primary crack and cocaine treatment admissions continued to decline from a peak of 6 percent of total admissions in 2007. Primary cocaine admissions accounted for 3 percent of total admissions in the first half of 2011 (1 percent for crack and 2 percent for powder). The proportion of clients who reported smoking as a main route of administration increased, from 28 percent in 2010 to 50 percent in the first half of 2011. **Heroin** abuse remained a serious problem in the State of Maine, but most heroin indicators showed relatively low levels. Heroin/morphine drug-induced deaths declined to 4 percent in early 2010, but the proportion increased to 7 percent during the first half of 2011. The number of arrests for heroin, which had been stable for several years, rose from 40 arrests in 2010 (5 percent of all drug arrests) to a projection of 57 (an estimated 9 percent of total drug arrests) in 2011, based on annualizing 9-month data from January to September 2011. Heroin items seized by law enforcement and identified by local forensic laboratories increased slightly, from 9 percent of all drug samples seized and analyzed in 2010 to 11 percent in the first half of 2011. Primary heroin/morphine treatment admissions for 2010 constituted 7 percent of all admissions, including alcohol; they increased slightly during the first half of 2011 to 8 percent of total admissions. Indicators of misuse and abuse of **prescription narcotics** remained high in this reporting period, with arrests, seizures, and primary treatment admissions continuing to increase. During the first half of 2011, 70 percent of drug-induced deaths were attributed to narcotic analgesics. Methadone and oxycodone continued to represent the highest proportions of drug-induced deaths, at 30 and 22 percent of all drug-induced deaths, respectively. However, fentanyl deaths rose to third place, after methadone and oxycodone, accounting for 10 percent of all drug-induced deaths. Pharmaceutical narcotics arrests increased from 21 percent in 2007, to 38 percent in 2010, and to 41 percent in the first 9 months of 2011. Drug items seized and identified as narcotic analgesics in the Maine forensic laboratory also increased, from 12 percent of all drugs analyzed in 2008 to 28 percent of the total in 2011. Among these, oxycodone represented 55 percent of all items identified in 2011, buprenorphine composed 15 percent, and 8 percent were identified as methadone. Between 2000 and the first half of 2011, primary opiate/opioids treatment admissions increased, from 6 to 35 percent of total admissions, including alcohol. **Benzodiazepines** continued to play a substantial role in Maine drug problems, usually as co-intoxicants with narcotics. However, drug-induced deaths related to benzodiazepines decreased to 24 percent in the first half of 2011, after peaking at 34 percent of total drug-induced deaths in 2010. **Methamphetamine** indicators were mixed but with very small numbers. Methamphetamine represented 2 percent of illicit drug arrests in 2011; this was a slight decrease from 4 percent of total drug arrests in 2010. Two-thirds of the forensic laboratory drug samples identified as methamphetamine in the first half of 2011 were tablets; this proportion was similar to those in 2009 and 2010. All of the tablets contained methamphetamine and caffeine, but no other drugs. **Marijuana** indicators were mixed. Marijuana drug arrests declined sharply from 23 percent in 2010 to a projected 11 percent for 2011 (based on 9-month data). Drug samples seized and identified as marijuana/cannabis remained stable at 10 percent of total items in 2010 and the first half of 2011. Proportions of primary marijuana treatment admissions have been at a plateau of approximately 9 to 11 percent of total admissions since 2006. **MDMA** (3,4-methylenedioxymethamphetamine) indicators were stable or decreasing, representing small numbers. MDMA drug arrests in the first 9 months of 2011 represented 3 percent of all illicit drug arrests (stable from 2010). **Emerging issues** included an increase in the abuse of synthetic cathinones, particularly MDPV and mephedrone, based on an increased number of calls to poison control centers, numbers of drugs seized and identified by the Maine Health and Environmental Testing Laboratory, drug arrests, and emergency department visits. Law enforcement and emergency rooms struggled to address severe problems with excited delirium. The Northern New England Poison Center logged a large increase



in human exposure calls related to synthetic cathinones, which peaked during the summer of 2011. There was one MDPV-induced death. The Maine legislature passed legislation to make these drugs illegal.

**Data Sources:** *Data sources updated in this report for the 2011 reporting period include the following sources. **Treatment admissions data** for January–June 2011 were provided by the Maine State Office of Substance Abuse, including all admissions for programs receiving State funding. These totals include admissions for shelter and detoxification, as well as opiate replacement therapy. Beginning with calendar year 2010 data analysis, alcohol has been included in the denominator, and percentages were retrospectively recalculated. **Forensic laboratory data** through calendar year 2011 were provided by the Maine State Health and Environmental Testing Laboratory, which tests samples seized statewide and reports these results to the National Forensic Laboratory Information System. Data for the first half of 2011 were compared with previous years back to 2003. The Health and Environmental Testing Laboratory also provided **urine test data for impaired drivers** through calendar year 2011; these were compared with data from 2006 to 2010. **Arrest data** from January through September of calendar year 2011 were provided by the Maine Drug Enforcement Agency, which directs eight multijurisdictional task forces covering the State, generating approximately 60 percent of all Uniform Crime Report (UCR) drug-related offenses statewide. Data for this 9-month period in 2011 were compared with previous calendar years from 2003 to 2010. The statewide total for pharmacy robberies for 2008–2011 was provided by the Maine Department of Public Safety. **Mortality data** from January through June 2011 were provided by the Office of Chief Medical Examiner, with annualized comparisons from 1997 to 2010. That office investigates all suspected overdose cases statewide, including complete forensic testing (screening and quantification) for a broad panel of abused and therapeutic drugs. **Poison control center calls** to the Northern New England Poison Center for synthetic cathinones (“bath salts”) were reported through December 16, 2011.*

## **Drug Abuse Patterns and Trends in Miami-Dade and Broward Counties, Florida—Update: January 2012**

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**Updated Drug Abuse Trends and Emerging Patterns:** The decline of **cocaine** indicators continued across the State of Florida and in Broward County during the most recent reporting periods, but indicators were mostly stable in Miami-Dade County. Cocaine-related deaths increased in Miami-Dade County between 2009 and 2010. The key factor appeared to be the more than 100-percent increases from 2009 to 2010 in polysubstance abuse, with both prescription opioids and benzodiazepines present among cocaine decedents. Prescription drugs accounted for 74 percent of other substances detected in Broward County cocaine-related deaths and 61 percent in Miami-Dade County. Primary cocaine treatment admissions declined by 28 percent in Broward County between 2010 and the first half of 2011; they remained stable in Miami-Dade County. Crime laboratory reports for drugs seized and identified as cocaine in the South Florida area declined

to 51 percent of all cases analyzed by National Forensic Laboratory Information System (NFLIS) laboratories in the first half of 2011, from 54 percent in 2010 and 67 percent in 2007. **Heroin**-related deaths declined across Florida and in both Broward and Miami-Dade Counties between 2008 and 2010. While there were 58 heroin-related deaths in the State of Florida during 2010, 54 of the decedents had 1 or more other drugs present at the time of death, including 60 prescription opioid and 39 benzodiazepine occurrences. Primary heroin treatment admissions remained stable in Miami-Dade County in the first half of 2011, compared with 2010, but they decreased by 36 percent in Broward County. The number of drug items seized and identified as heroin in the Miami Metropolitan Statistical Area (MSA) by NFLIS laboratories remained stable between 2010 and the first half of 2011. State and local law enforcement agencies reported greater availability of potent Mexican white powdered heroin in the second half of 2011. Florida's Prescription Drug Monitoring Program became operational in autumn 2011, and various public health and legal regulations took effect. As a result, enforcement activities substantially reduced the diversion of **prescription opiates/opioids** other than heroin and **benzodiazepines**. While these supply-side strategies have started to make nonmedical prescription medications far more expensive and difficult to obtain, they do not address the critical expanding need for narcotic addiction treatment or the increasing demand for heroin as a less expensive opiate. In 2010, 5,647 persons died in Florida with 1 or more prescription drugs detected; this represented a 7-percent increase compared with the previous year. In Miami-Dade County, the number of prescription drug-related deaths increased by 50 percent, from 239 to 359. Broward County had the highest number of such deaths in the State, with 470 decedents, representing a 4-percent decrease compared with 2009. There were 6,608 occurrences of prescription opioids detected among decedents in Florida during 2010, a 10-percent increase from 2009. Included in that total were 2,384 occurrences of oxycodone (e.g., OxyContin®, Roxicodone®, Percocet®), which represented a 22-percent increase from 2009. Oxymorphone (e.g., Opana®, Numophan®) Medical Examiner (ME) occurrences accounted for the greatest increase of opioid-related deaths, with 493 cases in 2010; this number represented a 109-percent increase from 2009. There were 503 primary prescription opioid treatment admissions in Broward County during the first half of 2011 and 105 in Miami-Dade County; these numbers were stable from 2010 for both counties. Injection drug use was the route of administration for 36 percent of the Broward prescription opioid treatment clients. Hospitals reported 65 cases of neonatal abstinence syndrome in Broward County and 21 in Miami-Dade County during 2010. While these cases could be for maternal use of any addictive drug except alcohol, most are considered by experts to be related to the mothers' nonmedical use of prescription opioids. Statewide, the number of such cases increased by 433 percent between 2005 and 2010 (from  $n=234$  in 2005 to  $n=1,355$  in 2010). There were 6,188 reports of a benzodiazepine present in deceased persons across Florida in 2010, including 2,193 deaths attributed to alprazolam (e.g., Xanax®) and 906 attributed to diazepam (e.g., Valium®). The benzodiazepine with the greatest increase in ME occurrences between 2009 and 2010 was nordiazepam (e.g., Nordaz®), with an 80-percent increase (from  $n=459$  in 2009 to  $n=828$  in 2010). Over the same 2-year period, total alprazolam occurrences increased by 12 percent, and those for diazepam rose by 2 percent. In Miami-Dade County, alprazolam occurrences increased by 27 percent, totaling 124 in 2010, but they declined by 4 percent in Broward County (where they totaled 235, the highest number of any county in the State). There were 65 primary prescription benzodiazepine treatment admissions in Broward County and 28 in Miami-Dade County during the first half of 2011, stable with the number of admissions in 2010 for both counties. Consequences of **methamphetamine** abuse remained very low and stable in Miami-Dade and Broward Counties. However, deaths related to methamphetamine increased by 63 percent statewide (from  $n=81$  in 2009 to  $n=132$  in 2010). There were more primary



treatment admissions for **marijuana** in both counties in the first half of 2011 than for any other drug, including alcohol. Sixty-two percent of the marijuana treatment clients were juveniles younger than 18. Marijuana was the primary drug of abuse for 94 percent of juvenile treatment clients, and the drug accounted for 73 percent of all juvenile drug or alcohol arrests in the first half of 2011 for both southeastern Florida counties. Statewide, there were 516 poison control center exposure cases for **synthetic cannabinoids** in 2011; this was an 87-percent increase from 2010. There were 216 drug items seized and identified by NFLIS laboratories as **MDMA** or ecstasy (3,4-methylenedioxy-methamphetamine) and 86 items seized and identified as **BZP** (1-benzylpiperazine) in the two southeastern Florida counties during the first half of 2011. An additional 36 laboratory cases were analyzed for other new synthetic drugs. Statewide, there were 184 poison control center exposure cases for hallucinogenic amphetamines (**methyline** and **MDA** [3,4-methylenedioxyamphetamine]) in 2011, 152 exposure cases for **MDPV** (3,4-methylenedioxypropylvalerone) and **mephedrone** (“bath salts”), and 6 cases for dimethyltryptamine (**DMT**). Injection drug use accounted for 15.6 percent of the 32,965 cumulative acquired immune deficiency syndrome (**AIDS**) cases in Miami-Dade County as of September 30, 2011, and the dual category of injection drug users (IDUs) and men who have sex with other men (MSM) accounted for an additional 3.9 percent. In Broward County, IDUs accounted for 11.4 percent of the 19,720 cumulative AIDS cases as of the same date, and the category of IDU/MSMs accounted for 3.8 percent.

**Data Sources:** *Drug-related death data* are from the Florida Medical Examiners Commission 2010 Report on Drugs Identified in Deceased Persons by Florida Medical Examiners, from the Florida Department of Law Enforcement, covering calendar year 2010, released August 2011. *Data on drug-related emergency department and hospital admissions* are from the Florida Agency for Health Care Administration 2005–2010. A comparison of *treatment data* by primary drug of admission from 2009, 2010, and the first half of 2011 are from the Florida Department of Children and Families for all publicly funded adult and youth treatment programs. *Crime laboratory data* were provided for the Miami/Fort Lauderdale/Pompano Beach MSA by NFLIS, Drug Enforcement Administration, for January–June 2011. *Data on drug-related arrests among juveniles* are from the Florida Department of Juvenile Justice for the fiscal year July 2010 to June 2011. Reports of *HIV/AIDS* related to injection drug use are from the Miami-Dade and Broward Counties’ Health Departments. *Poison control center call data* for emerging synthetic drugs are from the Florida Poison Information Center–Miami for the State of Florida during 2011. Information on *polysubstance abuse involving the nonmedical use of prescription drugs* with cocaine and/or heroin is from analysis of Florida Medical Examiners Commission data by the Center for the Study and Prevention of Substance Abuse at Nova Southeastern University.

## **Drug Abuse Trends in Minneapolis and St. Paul, Minnesota—Update: January 2012**

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**Overview of Findings:** Admissions to treatment programs for addiction to heroin and other opiates continued to increase in the Twin Cities in 2011. At the highest level reported, nearly one in

five clients entering addiction treatment were seeking help for opiate addiction. Heroin accounted for a record high 10.0 percent of all admissions to addiction treatment in the first half of 2011, compared with 3.3 percent in 2000. Opiates/opioids other than heroin (mostly prescription painkillers) accounted for 9.3 percent of all admissions to addiction treatment in the first half of 2011, compared with 1.4 percent in 2000. At the same time, indicators related to the abuse of cocaine continued a downward trend. Cocaine accounted for only 4.9 percent of treatment admissions in the first half of 2011, compared with 14.4 percent in 2005. The use of synthetic substances that are consumed for their stimulant and hallucinogenic drug-like effects increased in 2011. Reported exposures to the Hennepin Regional Poison Center increased markedly in 2011 for THC (tetrahydrocannabinol, an active ingredient in marijuana) homologs (known as “fake pot,” and sold as herbal incense), phenyl-ethylamines such as 2C-E (sold as “research chemicals”), and various chemical compounds sold as “bath salts.”

**Updated Drug Abuse Trends and Emerging Patterns:** Cocaine-related treatment admissions proportions continued to decline in the first half of 2011. Cocaine was the primary substance problem for 4.9 percent of total treatment admissions in the first half of 2011, compared with 6.4 percent in 2009 and 14.1 percent in 2006. Most cocaine admissions (72.2 percent) were for crack cocaine in the first half of 2011. Most clients (76.8 percent) with the primary substance abuse problem of cocaine/crack were age 35 or older, and one-half (49.4 percent) were African-American. Numbers of cocaine-related deaths also declined over the past decade in both Hennepin and Ramsey Counties. In Hennepin County, there were 25 cocaine-related deaths in 2010, compared with 43 in 2000. In Ramsey County, there were 7 cocaine-related deaths in 2010, compared with 17 in 2000. Cocaine accounted for 22.3 percent of items seized by law enforcement and identified by the National Forensic Laboratory Information System (NFLIS) laboratories in the first half of 2011 in the Twin Cities. In January 2012, the last of 26 defendants was sentenced in Federal court in connection with a Mexican cartel-related conspiracy that imported hundreds of kilograms of cocaine and methamphetamine from the Texas-Mexico border to Minnesota for distribution and resale from 2005 through 2009. Treatment admissions for both **heroin and other opiates** have steadily increased in the Twin Cities since 2000. In the first half of 2011, nearly one of five treatment admissions were for heroin or other opiate addiction. In 2000, heroin accounted for 3.3 percent of total treatment admissions, and other opiates accounted for 1.4 percent. However, in this reporting period (January–June 2011), heroin accounted for 10 percent of total treatment admissions, and other opiates accounted for 9.3 percent. Admissions for other opiates typically involve the nonmedical use of prescription pain medications. Of those clients admitted to treatment for other opiates, almost one-half (44.8 percent) were female, and oral was the primary route of administration (65.1 percent). From 2009 to 2010, numbers of opiate-related deaths declined from 36 to 27 in Ramsey County and from 77 to 65 in Hennepin County. Heroin accounted for 5.5 percent of items seized and identified by NFLIS laboratories in the first half of 2011 in the Twin Cities, compared with 3.2 percent in the first half of 2010. Oxycodone accounted for 3.2 percent of items seized and identified by NFLIS laboratories in the first half of 2011. Past-year heroin use was reported by 1.4 percent of Minnesota 12th graders in 2010, compared with 0.9 percent of 12th graders nationally. Past-year use of prescription pain killers was reported by 6.3 percent of Minnesota 12th graders in 2010, compared with 8.7 percent of 12th graders nationally. Since one of the original formulations of the prescription medication oxycodone was recently altered to reduce its abuse potential, the abuse of oxymorphone, a prescription narcotic (Opana®) that is prescribed medically to relieve moderate to severe pain, has increased. It comes as a tablet and in continuous release form. There were several cases involving Opana® and

other prescription narcotics that were federally prosecuted in the Duluth area in the fall of 2010. One involved 27 defendants who were charged with conspiracy to distribute oxycodone, oxymorphone, hydromorphone, and heroin from 2010 through September 2011. **Methamphetamine** accounted for 6.3 percent of total treatment admissions in the first half of 2011. This compared with 6.4 percent in 2010 and a high of 12.0 percent in 2005. Among these admissions, more than one-third (37.7 percent) were female; 84 percent were White; and 72.6 percent were age 26 or older. Seizures of methamphetamine by law enforcement in the Twin Cities accounted for 22.5 percent of items identified by NFLIS laboratories in the first half of 2011. The number of methamphetamine laboratories and dump sites dismantled by narcotics task forces in Minnesota continued to decline (data are through September 30, 2011). Past-year use of methamphetamine by Minnesota 12th graders declined, from 5.8 percent in 2001 to 1.4 percent in 2010. **Marijuana** was reported as the primary substance problem by 17.6 percent of total treatment admissions in the Twin Cities in the first half of 2011, compared with 18.3 percent in 2010. Nearly one-third of these clients (32.5 percent) were younger than 18. Marijuana accounted for 25.6 percent of items seized by law enforcement and identified by NFLIS laboratories in the first half of 2011 in the Twin Cities. Past-year use of marijuana by Minnesota 12th graders increased, from 21.8 percent in 1992 to 30.6 percent in 2010. **MDMA** (3,4-methylenedioxymethamphetamine), also known as ecstasy, “X,” or “e,” sold for \$20 per pill. MDMA accounted for 1.0 percent of drug samples seized and identified by NFLIS laboratories in the first half of 2011 in the Twin Cities, compared with 5.9 percent in the first half of 2010. In 2011, 24 exposures to MDMA were reported to the Hennepin Regional Poison Center, compared with 26 in 2010 and 42 in 2009. The use of **synthetic marijuana** continued to create heightened concern throughout Minnesota in 2011 based on poison control center calls. Known as “K2” or “Spice,” and other names, the new herbal mixtures are sold as herbal incense. When smoked, however, they mimic the effects of plant marijuana. Sold online and in “head-shops,” these herbal mixtures are allegedly sprayed with synthetically produced cannabinoids (the psychoactive ingredients in plant marijuana). The Hennepin Regional Poison Center documented 28 exposures to THC homologs in 2010 and 149 in 2011. Using its emergency scheduling authority, the Drug Enforcement Administration (DEA) acted in March 2011 to temporarily control five chemicals that are used to make “fake pot” products—JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol. A Minnesota law that became effective in July 2011 also made the possession and sale of these substances illegal in Minnesota. Chemical mixtures, sold online as “research drugs” that are “not intended for human consumption,” were intentionally consumed by a group of young people in suburban Blaine, Minnesota, in March 2011. The chemical compound known as **2C-E** (2,5-dimethoxy-4-ethylphenyl-ethylamine) was snorted by 11 young people who were seeking effects similar to MDMA or “ecstasy.” All experienced profound hallucinations, became distressed, and were eventually hospitalized. A 19-year-old male was pronounced dead at the hospital. Exposures to 2C-E and related analogs reported to the Hennepin Regional Poison Center numbered 10 in 2010 and 23 in 2011. The consumption of **synthetic cathinones** (labeled as “bath salts”) by adolescents and young adults to get high escalated in the Twin Cities in 2011, with 144 exposures reported to Hennepin Regional Poison Center in 2011, an increase from 5 in 2010. These substances are not intended to be used in the bathtub; instead they are snorted, smoked, or injected. They are sold online or in “head shops” under names such as “Cloud 9,” “Ivory Wave,” “Pure Ivory,” “Ocean Burst,” “Purple Rain,” and “Vanilla Sky.” Some include MDPV (3,4-methylenedioxypyrovalerone), a compound that produces effects similar to stimulants or MDMA. The DEA took emergency action in October 2011 to temporarily ban the possession and sale of three synthetic stimulants that are often present in products marketed as “bath salts”—MDPV, mephedrone, and methylene. Minnesota law, effective July 2011,

banned the sale and possession of these bath salt chemicals and of phenylethylamines of the 2C-E category. In the first half of 2011, approximately one-half (49.6 percent) of admissions to addiction treatment programs in the Twin Cities area were for **alcohol**. Alcohol use among youth has been declining in Minnesota, as well as nationally, for a number of years. In Minnesota, past-year alcohol use has declined continuously, from 79.9 percent of 12th graders in 1992 to 55.3 percent in 2010. The use of **cigarettes** among youth also declined markedly in Minnesota. In 1998, at the height of youth smoking in Minnesota, 41.9 percent of 12th graders reported cigarette smoking in the past 30 days. However, in 2010, 19.2 percent of 12th graders reported past-30-day smoking. Smoking remained common among patients in addiction treatment programs.

**Data Sources:** *Poison control center call data* on drug exposures are from the Hennepin Regional Poison Center located in Minneapolis, as reported on the American Association of Poison Control Centers, Toxic Exposure Surveillance System (through December 2011). *Crime laboratory data* are from NFLIS, DEA, U.S. Department of Justice, on drugs seized by law enforcement in the seven-county Twin Cities metropolitan area (January–June 2011). *Medical examiner data* on accidental drug-involved deaths were reported by the Hennepin County and Ramsey County Medical Examiners for 2000 through December 2010. *Treatment data* on characteristics of clients receiving addiction treatment services in the five-county Twin Cities metropolitan area were reported by the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Minnesota Department of Human Services for January through June 2011. *Student survey data* on drug use by Minnesota students in grades 6, 8, and 12 came from the 2010 Minnesota Student Survey.

## Drug Abuse Patterns and Trends in New York City—Update: January 2012

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**Overview of Findings:** Cocaine remained a major problem in New York City, but cocaine indicators were mixed for this reporting period. New York City is considered the most important heroin market and distribution center in the country, and most New York City heroin indicators were stable. Marijuana indicators were at a high level, and most were stable. Marijuana continued to be considered of high quality and widely available. More clients in treatment reported a primary, secondary, or tertiary problem with marijuana than with any other drug. Although nonmedical use of prescription drugs remained low compared with the other substances, many kinds of prescription drugs were available on the street. In particular, prescription opiate/opioid indicators showed substantial increases. Most methamphetamine indicators in New York City remained low, as did most indicators for club drugs. The recent increases which had been seen for MDMA (3,4-methylenedioxymethamphetamine) in 2010 were not evident during this reporting period.

**Updated Drug Abuse Trends and Emerging Patterns:** Cocaine indicators were mixed in this reporting period, with some remaining stable and some decreasing. Proportions of primary cocaine treatment admissions declined, from 6,491 admissions in the first half of 2010 to 5,898 in the first half of 2011, but many clients in treatment reported a primary, secondary, or tertiary problem with



cocaine. A higher percentage of National Forensic Laboratory Information System (NFLIS) drug items were seized and identified as cocaine than was the case for any other drug. While the percentage of analyzed drug items that were identified as cocaine remained stable during this reporting period (at 36 percent), there was an overall decrease from 49 percent in 2007. **Heroin** remained a major problem in New York City. Proportions of primary heroin treatment admissions were stable, accounting for approximately one-quarter of all primary treatment admissions, including alcohol. Among primary heroin treatment admissions, the percentage of injectors was stable at 41 percent in the first half of 2011. Eleven percent of total drug items seized in New York City in the first half of 2011 were identified as heroin by NFLIS laboratories. **Prescription drug** abuse indicators were low but increasing. There continued to be reports that pills were available on the street and gaining in popularity. Proportions of primary treatment admissions for other opiates/opioids and **benzodiazepines** remained relatively low, but both increased from the first half of 2010 to the first half of 2011. Although narcotic analgesics and benzodiazepines represented a small number of items seized and analyzed by NFLIS laboratories in the reporting period, the specific drugs that accounted for more than 100 items each were oxycodone ( $n=802$ ), alprazolam ( $n=739$ ), methadone ( $n=322$ ), buprenorphine ( $n=278$ ), clonazepam ( $n=214$ ), and hydrocodone ( $n=150$ ). **Methamphetamine** indicators remained low relative to those for other drugs. Numbers and proportions of primary methamphetamine treatment admissions and drug items seized and identified as methamphetamine by NFLIS laboratories were at very low levels. **Marijuana** indicators remained at a high level. Percentages of primary marijuana treatment admissions were stable, and they represented 27 percent of all treatment admissions in the first half of 2011. A higher percentage of clients in treatment in the first half of 2011 had a primary, secondary, or tertiary problem with marijuana than with any other drug. More than one-third of drug items seized and identified by NFLIS laboratories contained marijuana. Marijuana continued to be of good quality and widely available. **MDMA** indicators decreased during this reporting period. NFLIS data on drugs seized and identified showed a decrease in the percentage of items identified as MDMA, and its rank fell from 6th among all drugs in the first half of 2010 to 13th in the first half of 2011. **Other Drugs: BZP** (1-benzylpiperazine) continued to rank 11th on the list of items seized and identified by NFLIS laboratories in this reporting period, with numbers increasing from 4 items analyzed in the first half of 2008 to 202 items in the first half of 2011. **HIV/AIDS Update:** Of the 109,446 New Yorkers living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) as of June 30, 2010, men having sex with men (MSM) and injection drug use history continued to be the two major transmission risk factors. Among the 1,787 new HIV diagnoses, only 4.3 percent had a transmission risk factor of injection drug use history. MSM, minority women, and young people continued to be heavily affected by HIV/AIDS.

**Data Sources:** *Treatment admissions data* were provided by New York State Office of Alcoholism and Substance Abuse Services for 1991 through the first half of 2011 and included both State-funded and nonfunded admissions. *Demographic data* were for the first half of 2011. **Forensic laboratory testing data** for New York City were provided by the Drug Enforcement Administration's (DEA) NFLIS for the first half of 2011. The data include New York Police Department laboratory data for the five boroughs of New York City, as well as data from New York State and DEA laboratories. **Drug price data** were provided by the DEA New York Field Division, Unified Intelligence Division: New York Area Drug Prices, July–December 2011. **AIDS and HIV data** were provided by the New York City Department of Health and Mental Hygiene, HIV Epidemiology and Field Services Program, including the "HIV Epidemiology and Field Services Semiannual Report, Vol. 6, No. 1," covering the period from January 1, 2010, through June 30, 2010.

## Drug Abuse Patterns and Trends in Philadelphia—Update: January 2012

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**Overview of Findings:** This report updates data on drug abuse indicators for Philadelphia since the last CEWG report for this area in June 2011. Unless otherwise noted, data are for the first 6 months of 2011, compared with prior periods from their respective data sources.

**Updated Drug Abuse Trends and Emerging Patterns:** Declines evidenced from 2007 through 2010 for **cocaine** indicators leveled off in the first half of 2011, with respect to treatment admissions, Philadelphia Adult Probation and Parole Department (APPD) drug screens, and detections in decedents. Cocaine treatment admissions ranked third among all admissions in the first half of 2011. Primary cocaine treatment admissions represented 29.3 percent of primary mentions in 2002 but declined to 18.3 percent in the first half of 2011. There has been a notable shift in cocaine treatment admissions by gender, with females making up 41 percent in 2001 but only 26.3 percent in mid-2011. Additionally, the treatment-seeking population for cocaine has shifted to an older cohort over the past 5 years, with 47.1 percent of treatment admissions older than 40 in the first half of 2011. Numbers of detections of cocaine in decedents declined from 389 in 2007, to 338 in 2008, and to 311 in 2009; there were 116 such detections in the first half of 2011. National Forensic Laboratory Information System (NFLIS) drug items seized and identified as cocaine declined, from 40.8 percent of total items analyzed in 2007 to 33.5 percent in 2009; items identified as cocaine constituted 34.4 percent of the total in the first half of 2011, ranking first among all items analyzed. The proportion of cocaine-positive screens declined among drug-positive probationers and parolees (APPD data), from 41.5 percent in 2001 to 23.8 percent by mid-2011. Clients in treatment most commonly reported cocaine use in combination with heroin or marijuana, and mortality data showed that cocaine was most frequently detected along with benzodiazepines and/or heroin/morphine. The number of decedents with both cocaine and heroin in their systems declined from 101 in 2007 to 60 in 2010, but 78 were projected for 2011 (based on  $n=39$  at midyear). **Heroin** continued to rank fourth among primary treatment admissions, at 12.9 percent (declining from more than 19.8 percent in 2006). Heroin rose to first place in deaths with the presence of drugs, at 29.1 percent of all decedents, and remained in third rank among drug items seized and identified in NFLIS laboratories in Philadelphia in the first half of 2011 (with 13.4 percent). When heroin purity began to decline in 2001, Whites constituted 54 percent of heroin treatment admissions; this proportion had increased to more than 68 percent by 2006. In mid-2011, Whites represented 63.9 percent of heroin treatment admissions. Proportions of African-Americans declined during this time, from 42 percent in 2001 to 22 percent in 2006; the proportion was 27 percent by mid-2011. Treatment clients most commonly reported heroin use in combination with cocaine, and mortality data showed that heroin was most frequently detected along with benzodiazepines and/or cocaine. Focus group participants who were injecting daily reported an increase in injectors switching from prescription opioids to heroin due to



affordability. While the nonmedical use of **prescription opioids** has been in the background of the drug scene since the late 1990s, consequence data began to increase more recently, especially with respect to treatment admissions. The number of primary treatment admissions for oxycodone products increased from 10 admissions in 2007, to 80 in 2008, to 387 in 2009, to 863 in 2010; there were 413 such admissions in the first half of 2011. Secondary mentions of oxycodone increased similarly during these time periods. Among drug-positive decedents in the first half of 2011 whose cause of death was drug intoxication, oxycodone was tied (with alprazolam) as the third most frequently detected drug, behind heroin and cocaine. Four pharmaceutically produced opioids were among the top 10 drug items seized and identified in NFLIS laboratories in Philadelphia in the first half of 2011—oxycodone (ranking 4th), codeine (7th), hydrocodone (9th), and buprenorphine (10th). Due to increased indicators for prescription opioids versus stable indicators for benzodiazepines, these two drug groups switched rankings among all drugs in the past year (with prescription opioids ranking fifth and benzodiazepines ranking sixth). Almost 24 percent ( $n=116$ ) of all drug-positive decedents tested positive for antidepressants in the first half of 2011, compared with 32 percent in 2009; the most frequently detected antidepressant was citalopram ( $n=37$ ). **Benzodiazepine** indicators continued to be common, according to trend data and focus group participants. The gradual increase in treatment admissions was driven by people who entered treatment for the first time in the first half of 2011. Alprazolam was clearly the most widely used benzodiazepine. Among drug items seized and identified by NFLIS laboratories in Philadelphia, 3 benzodiazepines appeared among the top 11 drugs: alprazolam (ranking 5th), clonazepam (8th), and diazepam (11th). At mid-2011, the mortality data revealed that benzodiazepines were frequently detected among decedents who also tested positive for oxycodone and/or heroin. Use of **methamphetamine and other amphetamines** remained at very low levels. There were 12 treatment admissions for methamphetamine and 10 for other amphetamines in the first half of 2011. Mortality data for these drugs were also low; in the first half of 2011, there were 11 detections of methamphetamine, amphetamine, MDMA (3,4-methylenedioxymethamphetamine), or MDA (3,4-methylenedioxyamphetamine) among the 9 cases. High levels of **marijuana** use continued in the first half of 2011. Marijuana ranked first among treatment admissions (24.9 percent of all primary mentions, 37.8 percent of secondary mentions, and 27.8 percent of primary and secondary mentions combined). Treatment admissions data revealed that marijuana was the most frequently identified secondary drug for primary users of alcohol, barbiturates, and benzodiazepines. Marijuana ranked second among drugs analyzed by NFLIS laboratories (32 percent of drug items seized and identified) and first in the APPD study of initial tests of people placed on probation/parole status (with 67.2 percent of all drug-positive parolees/probationers). **PCP** (phencyclidine) continued to be used primarily in combination with marijuana in “blunts,” and some users reported the addition of crack to the marijuana/PCP blunt cigars as well. Users also reported the common practice of smoking cigarettes that had been dipped in PCP oil; these were known as “dippers” or “sherms.” PCP indicators reflected moderate levels, compared with other drugs, and showed increases with respect to primary treatment admissions and detections in decedents, along with a slight decline in the percentage of positive drug screens for new adult probationers. PCP’s rank among drugs seized and analyzed by NFLIS laboratories was stable (ranking sixth among the top 10 drugs). Characteristics of treatment admissions for PCP included a high proportion of males (79.9 percent), Blacks (67.4 percent), and clients age 21–30 (57.3 percent). **Alcohol** was the second most frequently mentioned primary drug in treatment admissions data, constituting 23.6 percent of all admissions in the first half of 2011. Deaths with the presence of alcohol in combination with other drugs numbered 323 in 2005, declined to 222 in 2010, and were projected to be 208 in 2011. Alcohol was detected in 21.1 percent of drug-positive decedents in the first half of 2011.

Clients in treatment most commonly reported alcohol use in combination with cocaine or marijuana. Among people who died of alcohol intoxication, 50 percent also tested positive for heroin/morphine.

**Data Sources:** *Treatment admissions data* were provided by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Behavioral Health Special Initiative, for the uninsured or underinsured population only. **Data on deaths with the presence of drugs** were obtained from the City of Philadelphia Department of Public Health, Medical Examiner's Office. **Criminal justice data** consist of the urinalysis program of the APPD, which analyzed samples for the first time testing (only) of individuals on probation or parole. **Forensic laboratory data** came from NFLIS, DEA, for the first half of 2011, as reported by the Philadelphia Police Department Forensic Science Laboratory. **Qualitative data on heroin and other drug use patterns** came from focus groups of current injectors held in December 2011; participants were recruited through Prevention Point Philadelphia and were anonymous; the groups were led by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services. Note: hospital emergency department (ED) data were not available because Philadelphia is not associated with the Drug Abuse Warning Network Hospital ED data collection system.

## **Drug Abuse Patterns and Trends in the Phoenix Area and Arizona—Update: January 2012**

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**Overview of Findings:** This report updates data on drug abuse indicators for the Phoenix area (Maricopa County) since the last reporting period, which covered calendar year (CY) 2010 data. In general, methamphetamine and cocaine indicators showed little change in the first half of 2011. Opioid indicators and marijuana indicators were generally increasing. There were reports of white heroin available at the retail level. TFMPP (1-(3-trifluoromethylphenyl)piperazine), a chemical often mixed with BZP (1-benzylpiperazine) and sold as an alternative to MDMA (3,4-methylenedioxy-methamphetamine), was reported by the National Forensic Laboratory Information System (NFLIS) among drug items seized and identified in Maricopa County in the first half of 2011. The median ages of methamphetamine- and cocaine-related hospital admissions have increased since 2006, while the median age for marijuana-related admissions has remained stable.

**Updated Drug Abuse Trends and Emerging Patterns:** After dropping sharply during the 3-year period from 2006 through 2008, **cocaine**-related hospital admissions in Maricopa County remained stable from the first half of 2009 to the first half of 2011 (with  $n=891$  admissions in the first half of 2011, compared with  $n=893$  such admissions in the first half of 2010). Poison control center human exposure calls for cocaine increased, from 26 calls in the second half of 2010 to 48 calls in the second half of 2011. The median age of cocaine-related hospital admissions increased, from 39 years in the first half of 2006 to 42 years in the first half of 2011. The median age of **heroin/opioid**-related hospital admissions was 45 years during 2007 through the first half of 2010, but it decreased to 44 in the second half of 2010 and the first half of 2011. The number of poison control center human

exposure calls for **heroin** in the second half of 2011 ( $n=53$ ) was about the same as the number of such calls recorded in the second half of 2010 ( $n=51$ ). Poison control center human exposure calls for **oxycodone** increased, from 144 calls in the second half of 2010 to 172 calls in the second half of 2011. **Amphetamine/methamphetamine**-related hospital admissions rose slightly in the second half of 2010 ( $n=1,886$ ), compared with the second half of 2009 ( $n=1,731$ ), but declined slightly in the first half of 2011, to 1,866 admissions. Maricopa County poison control center human exposure calls for methamphetamine in the second half of 2011 ( $n=75$ ) were about the same in number as in the second half of 2010 ( $n=77$ ). The median age of amphetamine/methamphetamine-related hospital admissions increased, from 34 years in the first half of 2006 to 38 in the first half of 2011. The number of hospital admissions involving both methamphetamine and opioids (including heroin) increased in the first half of 2011 to 2,778 such admissions, compared with 2,530 admissions in the first half of 2010. This increase extended the rise in these admissions that began in 2008. The number of seizures of clandestine methamphetamine laboratories remained low; nine clandestine laboratories were seized in the first half of 2010, and two were seized in the first half of 2011. **Marijuana**-related hospital admissions increased in Maricopa County, from 2,122 admissions in the first half of 2010 to 2,386 admissions in the first half of 2011, extending a rise that has continued for 5 or more years. The median age of marijuana-related hospital admissions has remained at approximately 30 years since the beginning of 2006. Poison control center human exposure calls for marijuana in the second half of 2011 ( $n=87$ ) were up slightly compared with the second half of 2010 ( $n=76$ ). The number of drug items seized and identified as **MDMA** by NFLIS laboratories in Maricopa County decreased, from 100 items in the first half of 2010 to 66 in the first half of 2011. **Emerging Patterns:** Beginning in February 2011, Drug Enforcement Administration (DEA) field sources in Phoenix began to report that white heroin was available for sale at the retail level. In Yuma, Arizona, there were reports of Mexican brown heroin being mixed with unknown chemicals to turn it white. Also in Yuma, there were reports that a type of heroin called F-2 was being sold; this heroin was reportedly a lower quality and price and could not be mixed (cut) with other chemicals. In the first half of 2011, the number of drug items seized and identified by NFLIS laboratories in Maricopa County as **TFMPP** increased (there were 3 items identified as TFMPP in CY 2010, compared with 21 in the first half of 2011). The number of items seized and identified as **BZP** (which is often mixed with TFMPP) by NFLIS laboratories in Maricopa County also increased, with 23 items identified as containing BZP in CY 2010 and 18 items in the first half of 2011 (annualized to  $n=36$  for the year). Although there were no poison control center human exposure calls for **buprenorphine** in the first half of 2010, such calls for the drug began to occur in the second half of 2010 ( $n=16$ ) and continued through the second half of 2011 ( $n=33$  calls).

**Data Sources:** *Treatment episode data* came from the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services. *Hospital admissions (inpatient) data* came from analyses conducted by the University of Arizona, Department of Family and Community Medicine, using hospital discharge records from the Arizona Hospital Discharge Data System operated by ADHS. *Poison control center human exposure call data* were from Banner Health: Banner Good Samaritan Poison & Drug Information Center. *Law enforcement data, including clandestine laboratory seizure data*, were from the DEA. *Forensic drug analysis data* were from NFLIS, DEA.

## Drug Abuse Patterns and Trends in St. Louis, Missouri—Update: January 2012

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**Overview of Findings:** During the first 6 months of 2011, heroin indicators in the St. Louis metropolitan area remained high. Anecdotal information indicated that heroin use and availability increased, as did treatment admissions (where heroin rivaled the number of alcohol admissions). Many of the indicators for the other major substances of abuse remained relatively stable or were trending downwards in the first half of 2011. Other drug categories have shown some decreases in treatment admissions, deaths, and arrests. Cocaine indicators decreased for treatment admissions and cocaine-related deaths for St. Louis City and County during three 6-month reporting periods (death data for the first half of 2008 through the first half of 2011). Alcohol indicators for treatment and arrests remained stable. Amphetamines remained entrenched in St. Louis County and outlying counties at very low but observable levels. Newer combinations and herbal preparations, such as “Ivory Tide” and other “bath salt” combinations, were of interest. Prescription narcotic analgesics were reported to be available in the more rural areas of the St. Louis Metropolitan Statistical Area (MSA). The poor economy resulted in reduced State and local budgets, which may have an impact on several indicators of drug use, as well as treatment availability.

**Updated Drug Abuse Trends and Emerging Patterns:** **Cocaine** indicators decreased in the first half of 2011. The number of primary cocaine treatment admissions decreased by almost one-third, from 1,235 in the first half of 2008, to 825 in the first half of 2009, to 788 in the first half of 2010, and to 643 in the first half of 2011. Cocaine was the third most identified drug in the St. Louis region among drugs seized and identified by National Forensic Laboratory Information System (NFLIS) laboratories, but cocaine represented only 12.7 percent of items seized, a decline from 15.1 percent of items in the first half of 2009. While cocaine is identified as a major drug problem in the St. Louis area, recent concern about heroin abuse has taken attention from cocaine. Law enforcement officials reported a decrease in cocaine availability, which has resulted in an increase in prices and decreases in purity. No change in past-30-day cocaine use (2.4 percent) was noted between the 2006 and 2010 Missouri School Surveys. The **heroin** market in the St. Louis region has grown and become more complex over the past few reporting periods. From the first half of 2008 through the first half of 2011, the proportion of primary heroin treatment admissions increased by 78 percent, increasing each reporting period. Heroin surpassed total admissions for marijuana abuse in the area. Two types of heroin were available—Mexican white heroin was primary available, with some black tar also reported. Heroin Domestic Monitor Program analyses in 2010 reflected the growing, competitive heroin market in the St. Louis area, with decreasing purity in black tar heroin and increasing purity in white heroin. Deaths have stabilized in the city and county, but they continued to increase in rural areas. Most of the surrounding rural counties reported younger heroin deaths and increases for both heroin and other opiate deaths. This increase was consistent with reported availability for heroin and reports from rural law enforcement about increased usage. Community forums have been held around the region to address the young heroin user problem. Heroin represented 16.5 percent of identified drugs in the first half of 2011 NFLIS data; this represented a continuing increase over the past 2 years. The available indicators for **other opiates/opioids** increased during



this reporting period. While the actual number of primary treatment admissions was relatively low ( $n=200$  in the first half of 2011,  $n=205$  in the first half of 2010, and  $n=157$  in the first half of 2009), there was still reason for concern, as anecdotal information indicated that abuse of narcotic analgesics was on the rise in the region. An example was the continuing appearance of fentanyl in death data in St. Louis County and in surrounding Jefferson, St. Charles, and Franklin Counties (however, it continued to be at low levels). Prescription drug abuse has been growing, particularly in the rural areas. There have been multiple reports from key informants about increases in prescription drug use. **Methamphetamine** indicators appeared to be mixed. The numbers of primary methamphetamine treatment admissions decreased in the St. Louis region from the first half of 2008 ( $n=173$ ) to the first half of 2009 ( $n=141$ ), increased in the first half of 2010 ( $n=210$ ), and decreased again in the first half of 2011 ( $n=177$ ). While clandestine methamphetamine laboratory seizures remained stable, and there was strong support in many areas to control all amphetamine precursors, it is believed that the bulk of the available methamphetamine was being imported from Mexico. More creative ways of networking for the local “cooks” to gain access to the chemicals needed to make methamphetamine continued to emerge. Interestingly, the eastern half of the State remained relatively active in clandestine laboratory operations. Statewide, 1,744 clandestine laboratories were reported through October 2011, compared with 1,453 clandestine laboratories in 2009 and 1,487 in 2008. There was little change in past-30-day methamphetamine use (2.8 versus 2.7 percent) noted in the Missouri School Survey. Methamphetamine represented 5.2 percent of all drug items seized and identified by NFLIS laboratories in the St. Louis MSA, and was ranked fourth among drugs in the top 10 drugs identified by NFLIS in the first half of 2011. **Marijuana** treatment admissions, as a percentage of total admissions, have remained relatively stable (at 23.7 percent in 2008, 21.3 percent in 2009, 22.5 percent in 2010, and 20.5 percent in 2011). Marijuana/cannabis was the most frequently cited substance among drug items seized and identified in the first half of 2008 through the first half of 2011 in NFLIS laboratories in the St. Louis MSA. Also, an increase (7.2 compared with 9.4 percent) in past-30-day marijuana use was noted in the Missouri School Survey from 2006 to 2010. There were key informant reports about increases in the continued use of **MDMA** (3,4-methylenedioxymethamphetamine) in select populations. In the Missouri School Survey, past-30-day use of MDMA was reported by 2.2 percent of students in 2006, 2.5 percent in 2008, and 6.7 percent in 2010. The National Monitoring of Adolescent Prescription Stimulant Study (NMAPSS) project documented lifetime use of MDMA among youth age 16–18 at 11 percent among males and 13 percent among females. Two deaths in the indicator data had both amphetamine and MDMA present. **Alcohol** remained the primary drug of abuse for clients entering publicly funded treatment programs in Missouri. Primary alcohol treatment admissions showed increases through 2008, but they decreased through the first half of 2011. Alcohol was frequently indicated as a secondary drug of abuse. The 2010 Missouri School Survey showed only a slight increase in past-30-day use among 6th and 12th graders from 2006 levels. **HIV/AIDS Update:** Data available from the St. Louis City Health Department and the Missouri Department of Health and Senior Services for 2001–2010 indicated that the risk factor of injection drug use did not play a major role in the transmission of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) in the St. Louis area. However, men having sex with men and heterosexual contact in minority populations were more prominent risk factors. The role of alcohol and other drug use among these populations was a key factor. **Emerging Patterns:** Indicators for many substances appeared to be stable or even decreasing. However, the increase in a number of opiate abuse indicators remained cause for concern and continued monitoring. A synthesis of all data sources leads to the conclusion that the heroin problem in St. Louis was leveling off at a high level of availability, which makes prevention and intervention



more complex. The market has become more diverse, and potent drugs have become more available to a wider range of users, including those living in rural areas where there are fewer resources to intervene. The most recent additions to amphetamine-based products were products labeled as “bath salts.” They were responsible for some deaths in local emergency rooms and were actively being monitored by a local toxicology task force. Although these “bath salts” have been banned in many localities, the substances have emerged in other forms or in local stores. These new drugs will be followed by poison control centers and toxicologists.

**Data Sources:** *Analysis of drug trends for the St. Louis region requires multiple data sources; a number of sources were used for this report. Missouri Treatment Episode Data Set admissions for the first 6 months of calendar years (CYs) 2008–2011 provided invaluable indicators for **treatment data**. The January–June 2011 NFLIS reports for the St. Louis MSA provided **forensic data** and offered a unique view of drug trends for a variety of substances. The Missouri Department of Health and Senior Services provided **HIV/AIDS data** for fiscal years 2006–2010, and the local St. Louis City Health Department provided measures of HIV/AIDS and other data by risk factor that are helpful in understanding the role of injection drug use on health. Missouri School Survey data for 2006–2010 gave a glimpse of general **youth trends** in current and lifetime use of some of the major substances. Data from the NMAPSS and the Prescription Drug Use, Misuse, and Depression Study conducted by the Washington University Epidemiology and Prevention Research program helped address an important knowledge gap on adolescent drug trends in the St. Louis area. **Death data** from the St. Louis City and County Medical Examiner for the first 6 months of CYs 2008–2011 provided insight to the extent that drug use results in death, along with basic demographic data helpful to understanding emerging trends. Ongoing reports of **drug use, price, and purity data** from the Drug Enforcement Administration and the National Drug Intelligence Center are invaluable, as are the frequent formal written reports and anecdotal insight provided by the staff of these agencies.*

## Drug Abuse Patterns and Trends in San Diego County—Update: January 2012

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**Overview of Findings:** In the first half of 2011, heroin indicators suggested slight increases in primary treatment admissions, increases in test-positive urinalysis results among all arrestee subgroups, and increases in the overdose death rate. Methamphetamine indicators have been in decline for several years, although the downward trend may be stabilizing or reversing, with observations of increased prevalence in some arrestee subpopulations, indicators of greater perceived availability, and increased numbers of drugs seized and identified as methamphetamine in National Forensic Laboratory Information System (NFLIS) laboratories. Cocaine indicators have also been in decline since 2007, with little change from 2010 to the first half of 2011. Few changes were observed in indicators for prescription opiates/opioids (narcotic analgesics) and MDMA (3,4-methylenedioxymethamphetamine)/ecstasy. Marijuana indicators showed a decrease in drugs seized and identified as marijuana/cannabis by NFLIS, no change in adult arrestee prevalence, and a decrease in prevalence of positive test results among juvenile arrestees.

**Updated Drug Abuse Trends and Emerging Patterns: Cocaine/crack** indicators have been on the decline in San Diego for the past several years, although this decline may be showing signs of leveling. Prevalence of arrestee cocaine use, as measured by positive urinalysis test results in a random sample of male, female, and juvenile arrestees, was 6 percent among males in 2010, compared with 7 percent in 2009 and 11 percent in 2007. Cocaine prevalence among females was stable at 11 percent in 2010, compared with 2009; this was a decrease from 16 percent in 2007. For juvenile arrestees, cocaine prevalence was 2 percent in 2010 and 1 percent in 2009, compared with 3 percent in 2007. The numbers and proportions of primary cocaine treatment admissions were relatively stable, representing 4 percent of total admissions ( $n=288$ ) in the first half of 2011, compared with 5 percent of total admissions ( $n=350$ ) in the first half of 2010. Slightly fewer than 10 percent of drug items seized and identified by NFLIS laboratories in the first half of 2011 tested positive for cocaine, compared with 9 percent in the first half of 2010. The price of 0.2 grams of crack was reported to be less than one-half of what it was in 2010 (\$30 in July 2011 versus \$80 in July 2010). **Heroin** indicators appeared to be increasing in the first half of 2011. Proportions of primary heroin treatment admissions increased by 2 percentage points, from 20 percent in the first half of 2010 to 22 percent in the first half of 2011; this continued the increase observed from 2009 to 2010. The rate of overdose deaths involving heroin/morphine also increased, from 3.2 per 100,000 population in 2010 to 4 per 100,000 in the first half of 2011. Arrestee prevalence was up in all subgroups in 2010; prevalence of use increased, from 6 to 10 percent among males, from 8 to 10 percent among females, and from 1 to 5 percent among juveniles over the 2-year period. Treatment admissions for **prescription opiates/opioids (narcotic analgesics)** remained low and stable in the first half of 2011, compared with the first half of 2010, at 4 percent of total primary treatment admissions. Most indicators of **methamphetamine** use/abuse had been decreasing in recent reporting periods since peaking in 2005. However, in 2009, indicators of methamphetamine use prevalence increased among adult arrestees. In 2010, the increase continued among adult male arrestees, from 22 percent in 2009 to 25 percent in 2010. Juveniles also experienced an increase in methamphetamine use prevalence, from 6 percent in 2009 to 8 percent in 2010. The prevalence of methamphetamine test-positives among female arrestees in 2010 was 33 percent; this was a decrease from 38 percent in 2009, but this proportion was still higher than the low of 31 percent in 2008. Interviews with adult arrestees suggested a perceived increase in the availability of methamphetamine, based on perceptions of price and how difficult it was to purchase. Proportions of primary methamphetamine treatment admissions were stable at 29 percent of total admissions in the first half of 2011, compared with the first half of 2010. The number of admissions increased, however, from 2,006 in the first half of 2010 to 2,055 in the first half of 2011. The rate of overdose deaths involving amphetamines was also stable, at 3.5 per 100,000 population. Street prices for methamphetamine remained relatively stable from 2010 to 2011. **Marijuana** indicators continued to be mixed in the first half of 2011 compared with the first half of 2010. Primary marijuana treatment admissions were stable at 19 percent of all admissions from the first half of 2010 to the first half of 2011. Marijuana use prevalence among adult male and female arrestees in 2010 was relatively stable at 39 and 29 percent, respectively, compared with 38 percent for males and 28 percent for females in 2009. In contrast, after an increase from 44 percent in 2008 to 51 percent in 2009, juvenile marijuana test positives decreased to 43 percent in 2010. The proportion of seized items testing positive for marijuana by NFLIS laboratories was also down; just under 40 percent of drug items seized and identified in the first half of 2011 tested positive for marijuana, compared with 46 percent in 2010. **MDMA/ecstasy** indicators were low, although there were reports of increased prevalence of lifetime and past-year use among juvenile arrestees, based on survey results.

**Data Sources:** *Arrestee data* were from the San Diego Association of Governments' Substance Abuse Monitoring program, a regional continuation of the Federal Arrestee Drug Abuse Monitoring program that was discontinued in 2003. This report presents 2010 data for both adult (n=802) and juvenile (n=131) arrestees. *Forensic laboratory data* were from NFLIS, Drug Enforcement Administration. There were 8,496 drug items analyzed by local forensic laboratories between January and June 2011. *Treatment data* came from the San Diego Department of Alcohol and Drug Programs (ADP) (tables produced by the California Department of ADP) using the California Outcomes Measurement System (CalOMS). CalOMS is a statewide client-based data collection and outcomes measurement system for alcohol and other drug (AOD) prevention and treatment services. Submission of admission/discharge information for all clients is required of all counties and their sub-contracted AOD providers, all direct contract providers receiving public AOD funding, and all private-pay licensed narcotic treatment providers. Data for this report include admissions to San Diego County for the period January–June 2011. Note that CalOMS was implemented in early 2006, replacing the earlier California Alcohol and Drug Data System (CADDSS) system. Therefore, data reported for periods prior to July 2006 may not be comparable to more recent periods. *Mortality data* were obtained from the Emergency Medical Services Medical Examiner Database, which is maintained by the County of San Diego Health and Human Services Agency. This report contains preliminary data on overdoses from January to June 2011. *Street drug price data* for January–June 2011 came from the San Diego Law Enforcement Coordination Center Street Drug Price List.

## **Drug Abuse Patterns and Trends in the San Francisco Bay Area—Update: January 2012**

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**Overview of Findings:** Although the western region of the United States remains impacted by high rates of unemployment, unemployment rates continued to improve in the San Francisco Bay area during the first half of 2011. Alcohol indicators remained high and stable; cocaine indicators continued to decline; heroin indicators were mixed; and indicators for opiates other than heroin showed some increased levels. Methamphetamine indicators increased after a long decline. Marijuana indicators declined. "Club drugs" were not a serious concern, based on qualitative data. The numbers of drug items seized and identified by National Forensic Laboratory Information System (NFLIS) laboratories in the San Francisco area as MDMA (3,4-methylenedioxymethamphetamine) declined, from 380 items in the first half of 2010 to 126 in the first half of 2011. Transition to a new data collection system in San Francisco at the start of fiscal year (FY) 2010–2011 reduced the availability of reliable treatment admissions data; a disruption in data collection and reporting may have resulted in missing data.

**Updated Drug Abuse Trends and Emerging Patterns:** Treatment admissions for cocaine appeared to decrease from FY 2009–2010 to FY 2010–2011, but cocaine remained the third most frequent primary drug in bay area and San Francisco admissions. Among drugs seized and analyzed by NFLIS laboratories, cocaine continued to decline in the five San Francisco Metropolitan

Statistical Area counties to 17.3 percent of the total in the first half of 2011, down from 18.6 percent in 2010. **Heroin** remained the most frequently reported primary drug for clients receiving treatment services in the first half of 2011, although treatment admissions continued the decline that began in 2007. Similarly, heroin continued to constitute a smaller proportion of the total drug items seized and identified in the bay area; 3.6 percent of the total items in the first half of 2011 were identified as heroin, representing a decline from approximately 6 percent in 2008. While drug-related deaths decreased overall, the proportion of deaths that were **opiate**-related increased. The proportion of drug items seized and identified by NFLIS laboratories as hydrocodone and oxycodone increased in the first half of 2011 from the first half of 2010 (hydrocodone increased from 3.3 to 4.1 percent of the total, and oxycodone increased from 2.3 to 2.5 percent), while the proportion of methadone items declined slightly, from 1.0 to 0.8 percent of the total. **Methamphetamine** indicators increased after a long decline. Primary methamphetamine treatment admissions in both San Francisco and the bay area increased; methamphetamine was the most frequent primary drug in Contra Costa County. The proportion of drugs seized and identified as methamphetamine by NFLIS laboratories continued an upward trend, reaching 34.6 percent of total drugs in the first half of 2011; this was an increase from 28.6 percent in 2010 (and 24.7 percent in the first half of 2010). **Marijuana** indicators were mixed. There was a decline in the proportion of drug items seized and identified by NFLIS as marijuana/cannabis (from 25.8 percent of the total in the first half of 2010 to 21.3 percent in the first half of 2011), but the proportion of marijuana bay area treatment admissions was stable at approximately 10 percent of total admissions. **Alcohol** indicators remained high and stable. The proportion of drug items seized and identified by NFLIS laboratories as **MDMA** in the first half of 2011 declined to 2.8 percent (from 4.3 percent in 2010 and 4.8 percent in the first half of 2010). **HIV/AIDS Update:** Injection drug users (IDUs), including those who are men who have sex with men (MSM/IDUs), accounted for 22 percent of newly diagnosed human immunodeficiency virus (HIV) infections in San Francisco. There were 9,452 residents living with acquired immunodeficiency syndrome (AIDS) in San Francisco County in 2010. Injection drug use by non-MSM was the third most frequent exposure group among cumulative AIDS cases in San Francisco.

**Data Sources:** *Treatment admissions data* were available for all five San Francisco Bay area counties for FYs 2007 through 2011 and were provided by the California Department of Alcohol and Drug Programs, although some San Francisco data were missing due to computer system conversion errors. Data will be corrected for the June 2012 reporting period. *Treatment admissions and episode data* for FYs before 2010–2011 were provided for San Francisco through the San Francisco Community Behavioral Health Service (CBHS) Billing Information System and by CBHS Avatar, the billing system software, for subsequent years. *Drug Abuse Warning Network (DAWN) Medical Examiner County profiles* from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, provided **drug-related death data** for 2008–2009 (the most recent data available). **Reports of drugs seized and identified** were provided by NFLIS for 2008 through the first half of 2011. **AIDS surveillance data** were provided by the San Francisco Department of Public Health and covered the period through September 30, 2011.



## Drug Abuse Patterns and Trends in Seattle, Washington—Update: January 2012

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**Overview of Findings:** Overall, the 6 months of data reported for the first half of 2011 were inadequate for trend analyses due to the short period of time and relatively small numbers. Cocaine, marijuana, heroin, pharmaceutical opiates/opioids, and methamphetamine all persisted as major drugs of abuse. A range of other drugs were used at lower levels.

**Updated Drug Abuse Trends and Emerging Patterns:** Drug overdose deaths appeared to be slowly declining from a high number reported 5 years ago. **Cocaine** continued to be detected in overdose deaths, and it was second to heroin among illegal drugs detected in fatal overdoses. Drug treatment admissions for King County residents have been declining overall since 2007, with a particularly steep decline occurring in treatment admissions involving cocaine as the major drug of abuse. Cocaine was the most common drug detected in police evidence from King County and identified in National Forensic Laboratory Information System (NFLIS) laboratories, and it represented almost one-quarter of all positive laboratory tests in the first half of 2011. As drug treatment admissions declined overall, the only drug that appeared to be increasing in numbers was **heroin**. The proportion of heroin treatment admissions among clients age 18–29 approximately doubled from 1999 through June 2011. Heroin was the third most common drug among adults entering treatment, following marijuana and alcohol. As heroin increased, there were indications that nonmedical use of **prescription-type opiates/opioids** may have been leveling. Numbers and proportions of prescription-type opiate treatment admissions appeared to decline in the first half of 2011 after a decade of continuous increases. Drug deaths involving prescription-type opiates totaled 121 for the 12-month period ending June 2011, compared with 150 for the previous year. While methadone was still the most common other opiate/opioid identified in drug overdose deaths, methadone-involved deaths were at their lowest point in several years. **Benzodiazepines** were consistently identified in evidence seized by police, although at low levels; alprazolam and clonazepam were the most common benzodiazepines detected. Benzodiazepines were relatively rarely a primary drug at treatment entry in King County; however, they were often found in combination with other drugs in fatal overdoses. The number of primary **methamphetamine** treatment admissions in King County continued to slowly decline. The number of deaths involving methamphetamine totaled 13 for the year ending June 2011, similar to the annual total for the previous 5 years. **Marijuana** treatment admissions have been increasing for youth since a low point in 2006, while adult admissions have declined slightly from a high point in 2009. Police evidence testing positive for marijuana in NFLIS laboratories has decreased substantially since 2009. **MDMA** (3,4-methylenedioxymethamphetamine) was not detected in any deaths in the first half of 2011. MDMA was detected in 50 pieces of police evidence identified by NFLIS in the first half of 2011, the highest number since 2007. **BZP** (1-benzylpiperazine) continued to be identified in drug items seized by police, although numbers were lower than previous years. **Other hallucinogens or stimulants** were identified in police seizures at low numbers, including 5-Methoxy-N,N-diisopropyltryptamine or 5-MeO-DIPT (“Foxy methoxy”),



2,4-dimethoxy-4-iodophenethylamine (2C-I), and N-N-diisopropyltryptamine (DIPT). The use of **synthetic cannabinoid agonists** (e.g., “Spice”/“K2”) continued to be reported, with three cases of police evidence positive for these compounds in the first half of 2011. **Synthetic cathinones** (e.g., “bath salts”) also continued to be used at what appeared to be low levels, with two pieces of police evidence testing positive between January and June 2011.

**Data Sources:** *Fatal drug overdose data* were obtained from the King County Medical Examiner, Public Health—Seattle & King County for the first half of 2011. **Ambulance data for serious opiate overdoses** in Seattle in April and June 2011 were obtained from Seattle Medic 1. **Data on seized drug samples submitted for analysis** were obtained from NFLIS, Drug Enforcement Administration, for January–June 2011. Drug testing results for law enforcement seizures in King County were reported by the county where the drug was seized. **Drug treatment data** were provided by Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, Treatment Report and Generation Tool, from 1999 through June 2011. Treatment modalities included outpatient, intensive inpatient, recovery house, long-term residential, and opiate substitution admissions. Department of Corrections and private-pay admissions were included.

## Substance Abuse Patterns and Trends in Texas—Update: January 2012

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**Updated Drug Abuse Trends and Emerging Patterns:** Six-month data updates are not adequate to identify many substance abuse trends in Texas due to changing data systems. However, **cocaine** indicators continued to decrease (specifically, the number of calls in 2011 to the Texas Poison Center Network and the proportions of treatment admissions and drug items seized and identified by National Forensic Laboratory Information System [NFLIS] laboratories in the first half of 2011). However, the El Paso Drug Enforcement Administration (DEA) Field Division reported that the cocaine shortages of 2008 and 2009 were gone, and availability was at normal levels. In addition to trafficking cocaine through the border in southern Texas, a new route of trafficking cocaine developed, with the drug coming in to the State through Arizona. **Heroin** indicators appeared to be stable in 2011, based on several indicators, including the number of calls to the Texas Poison Center Network during 2011 and the proportions in the first half of 2011 of heroin treatment admissions and drug items seized and identified as heroin by NFLIS laboratories. Mexican black tar and powdered brown were the prevalent forms in the State, and South American white heroin was being transported through Texas to the east coast, according to DEA Field Office reports. Abuse of **other opiates** continued to be a problem. The Houston DEA Field Office reported that increased law enforcement efforts have resulted in some physicians turning in their DEA registrations, but “rogue” prescribers continued to send scripts that are not on the State’s controlled substance forms to out-of-State purchasers—to be filled by pharmacists who are not aware the scripts are on the wrong forms. Other prescribers try to prevent pharmacists from detecting that the “Houston Cocktail” (a combination of alprazolam, hydrocodone, and carisoprodol) is being prescribed by only writing one of the three drugs on each script, along with other drugs that would not attract attention. **Methamphetamine** indicators were stable or increasing, based on the number of calls in 2011 to the Texas Poison Center Network

and proportions of treatment admissions and drugs seized and identified by NFLIS in the first half of 2011. The potency and purity of methamphetamine made using the P2P (phenyl-2-propanone) process in Mexico was increasing, according to the DEA's Methamphetamine Profiling Program. Preliminary results from the NIDA-funded Texas methamphetamine study of methamphetamine users ("Monitoring the Changing Methamphetamine Market in the Austin Area") showed several significant differences between female and male clients, and the perceptions of the risks and benefits of methamphetamine use. **Marijuana** indicators continued to be level or increasing in the first half of 2011, based on the proportions of treatment admissions for marijuana and items seized and identified as marijuana by NFLIS laboratories, and availability was reported as high. Calls to Texas poison control centers about **synthetic cannabinoids** peaked in summer 2011, but they continued to be reported throughout the State for the remainder of the year. Reports from NFLIS laboratories on drug items seized and identified in Texas in the first half of 2011 showed that piperazines, beta-ketones, and 5-substituted tryptamines (stimulant psychoactive drugs) were a concern in Texas, and a small number of drug items in the 2C-x family (psychedelic phenylethylamines) were reported in the metropolitan areas of the State. "Bath salt" exposures (**beta-ketones**, **MDPV** (3,4-methylenedioxypyrovalerone), or **Mephedrone/4-MMC**) reported to poison control centers also peaked in summer 2011, but they continued to be reported across the State.

**Data Sources:** *Death data* through 2009 came from the Department of State Health Services (DSHS). *Poison control center cases* through 12/31/2011 were received from DSHS. *Treatment admissions* records for the first half of 2011 were provided by DSHS. *Forensic laboratory data* were reported by NFLIS for the first half of 2011. *Intelligence reports* came from the Dallas, El Paso, and Houston DEA Field Division. *Methamphetamine data* came from the DEA's Methamphetamine Profiling Program through the third quarter of 2011; the NIDA-funded methamphetamine study, "Monitoring the Changing Methamphetamine Market in the Austin Area" (NIDA R21 DA025029, Jane C. Maxwell, Ph.D., Principal Investigator, 08/15/2009–08/14/2013); and Bruno, R.; Mathews, A.J.; Dunn, M.; Alati, R.; McIlwraith, F.; Hickey, S.; Burns, L.; and Sindicich, N. "Emerging psychoactive substance use among regular ecstasy users in Australia," *Drug Alcohol Dependence*, Elsevier Ireland Ltd, December 2, 2011, available at: <http://dx.doi.org/10.1016/>.

## ADDITIONAL REPORT

### Trends in Southwest Border Seizures and the Heroin Domestic Monitor Program

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#### *Southwest Border Seizures*

The southern borders of California, Arizona, and New Mexico and the southwestern border of Texas adjoin Mexico and stretch for almost 2,000 miles. The southwest border (SWB) is the most frequently crossed international border in the world, with 250 to 350 million crossings per year. Mexican Drug Trafficking Organizations (DTOs) take advantage of the existing infrastructure; they

smuggle large quantities of drugs into the United States and bulk currency back into Mexico, using a variety of conveyances.

The DTOs' major cash crop is marijuana, the most widely used illicit substance in the United States. Information from the National Seizure System (NSS)<sup>12</sup>, for counties within 150 miles of the SWB, indicates marijuana seizures have increased by 68 percent, from 1,149 metric tons (mt) in 2006 to 1,926 mt in 2010.

According to NSS statistics, cocaine SWB seizures decreased by 24 percent from 2006 to 2010, from 29 mt to 22 mt. According to the System to Retrieve Information from Drug Evidence (STRIDE), cocaine prices per pure gram increased from the first quarter of 2007 to the second quarter of 2011, and purity decreased.

Methamphetamine seizures show a marked increase from previous years. Methamphetamine seizures at the border increased more than 2,000 kilograms (kg) from 2009 to 2010. Approximately 3.6 mt were seized on the SWB in 2009, and approximately 5.6 mt were seized in 2010. STRIDE data for methamphetamine from July 2007 to June 2011 show that the price per pure gram decreased, and purity increased.

Heroin seizures, like those for methamphetamine, have increased, but to a lesser extent over the last several years. In 2006, approximately 518 kg were seized at the SWB, and almost 1,040 kg were seized in 2010. Although readily available along the SWB, Drug Enforcement Administration (DEA)'s San Diego, El Paso, and Phoenix Field Divisions stated that abuse was relatively low in their areas of responsibility and indicated their areas were primarily transit and staging areas. STRIDE data for heroin from October 2007 to June 2011 show that the price per pure gram increased, while purity decreased.

### *Heroin Domestic Monitor Program*

The Heroin Domestic Monitor Program (HDMP) is a quarterly purchase program and provides valuable information on changes and emerging trends in retail-level trafficking in the United States. It provides price, purity, and geographic source of street-level trafficking in 27 U.S. cities. Because the HDMP is conducted in only 27 cities, attempting to extrapolate national average price and purity for heroin based solely on HDMP information would be statistically invalid and misleading.

In 2010, 694 qualified samples were purchased through the HDMP. Of those 694 samples, 346 (49.9 percent) were classified as South American, 309 (44.5 percent) as Mexican, and 39 (5.6 percent) as Southwest Asian. There were no Southeast Asian heroin submissions.

South America continues to be the primary source of heroin found east of the Mississippi River, and Mexico-sourced heroin continues to dominate markets west of the Mississippi. Southwest Asian heroin accounts for a small portion of the HDMP exhibits. In 2010, all the Southwest Asian heroin exhibits were purchased in cities east of the Mississippi River.

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<sup>12</sup>All NSS data are as of December 2011.

## Section IV. Across CEWG Areas: Treatment Admissions and Forensic Laboratory Analysis Data

### Cocaine/Crack

#### Treatment Admissions Data on Cocaine/Crack

Table 3 presents the most recent data from 22 CEWG areas on primary cocaine treatment admissions as a proportion of total substance abuse admissions (see also appendix table 1). This 2011 reporting period is the first half (1H) of 2011 (January–June) for all reporting CEWG areas.

Based on total substance abuse treatment admissions for the first half of 2011, cocaine did not rank first or second in any of the 22 CEWG reporting areas. It ranked third in 7 of the 22 reporting CEWG areas: Atlanta, Boston, Cincinnati, Detroit, Philadelphia, South Florida/Miami-Dade County, and Texas (section II, table 2).

South Florida/Miami-Dade County had the highest percentage (21.4 percent) of primary cocaine admissions, followed by Philadelphia (18.3 percent). The lowest proportions of primary cocaine treatment admissions were observed for Hawaii (3.5 percent) and Maine (3.4 percent) (table 3).

#### Forensic Laboratory Data on Cocaine/Crack

According to the rankings of NFLIS data for the first half of 2011, cocaine ranked among the top three drugs identified in forensic laboratories in all but one CEWG reporting area. The exception was Phoenix, where cocaine ranked fourth among identified drug items. Cocaine was the drug most frequently identified in the first half of 2011 for 7 of the 23 CEWG areas shown on the map (figure 5) and table 1 in section II. Cocaine ranked first among drug items analyzed in forensic laboratories in two of the five southern region CEWG areas (Atlanta and Miami); three of the four CEWG areas in the northeastern region (Maine, New York City, and Philadelphia); and in two of the nine CEWG areas in the western region (Denver and Seattle). Cocaine did not rank first in any of the five areas in the midwestern region. Cocaine ranked second among drug items identified in the first half of 2011 in 10 of 23 CEWG reporting areas: Baltimore City, Boston, Chicago, Cincinnati, Colorado, Detroit, Los Angeles, Maryland, Texas, and Washington, DC (section II, table 1).

Cocaine items as a percentage of the total drug items reported in the NFLIS system were particularly high in Miami (51.3 percent), followed by Atlanta (38.1 percent). The lowest reported frequencies of cocaine drug items among those identified in forensic laboratories were in Honolulu, San Diego, and Phoenix, at 9.9, 9.7, and 8.6 percent, respectively (figure 6; appendix table 2).

**Table 3. Primary Cocaine Treatment Admissions in 22 CEWG Areas as a Percentage of Total Substance Abuse Admissions<sup>1</sup>: 1H 2011<sup>2</sup>**

CEWG Areas	Number of Primary Cocaine Admissions	Percentage of Total Admissions
	#	%
Atlanta	475	10.4
Baltimore City	866	11.6
Boston <sup>3</sup>	411	5.1
Cincinnati	316	9.7
Colorado	1,123	7.7
Denver	562	9.2
Detroit	803	17.5
Hawaii	167	3.5
Los Angeles	2,086	8.9
Maine	216	3.4
Maryland	2,709	10.0
Minneapolis/St. Paul	504	4.9
New York City	5,898	14.9
Philadelphia	1,457	18.3
Phoenix <sup>3</sup>	60	3.9
St. Louis	737	11.1
San Diego	288	4.0
San Francisco	1,765	15.2
Seattle	624	10.1
South Florida/Broward County	174	8.5
South Florida/Miami-Dade County	458	21.4
Texas	9,851	14.3

<sup>1</sup>More information on these data is available in the footnotes and notes for appendix table 1.

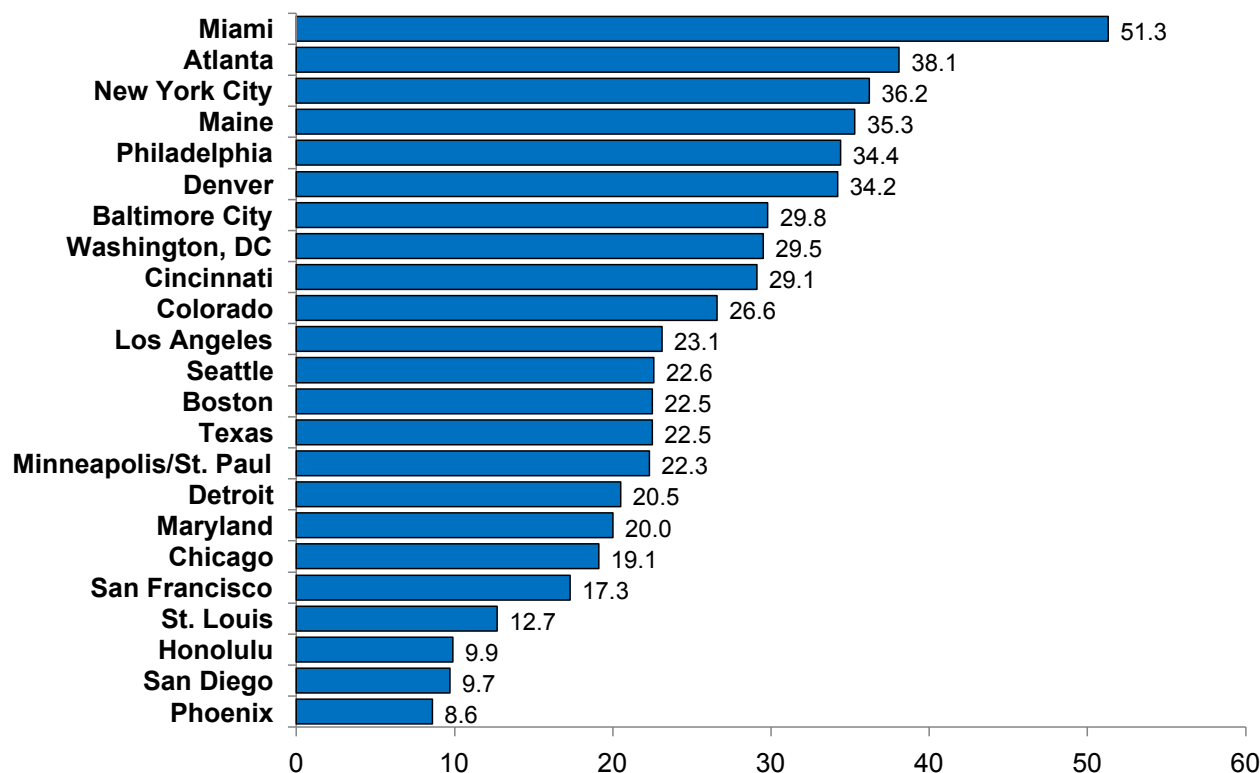
<sup>2</sup>Data are for the first half (1H) of calendar year 2011: January–June 2011.

<sup>3</sup>Treatment data for Boston do not include admissions younger than 14, while treatment data for Phoenix do not include admissions younger than 18.

SOURCE: January 2012 State and local CEWG reports



**Figure 6. Cocaine Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**



<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas but one were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

## Heroin

### Treatment Admissions Data on Heroin

In this 2011 reporting period for 19 of 20 CEWG areas, primary heroin treatment admissions, as a proportion of total admissions for substance abuse treatment, ranged from approximately 1 percent to approximately 53 percent. After Boston at 53.2 percent, Baltimore City had the highest proportion of heroin admissions, at 47.1 percent of all admissions. The lowest percentage of primary heroin admissions was in Hawaii, at 1.2 percent (table 4; see also appendix table 1).

When all substance abuse treatment admissions are examined, heroin ranked first in 2 of the 20 CEWG reporting areas—Baltimore City and Boston. Heroin ranked second in four areas (Detroit, Maryland, St. Louis, and San Diego) among all treatment admissions. Heroin ranked third in five areas; these areas were Los Angeles, Minneapolis/St. Paul, New York City, San Francisco, and Seattle (section II, table 2).

**Table 4. Primary Heroin Treatment Admissions in 20 CEWG Areas as a Percentage of Total Substance Abuse Treatment Admissions<sup>1</sup>: 1H 2011<sup>2</sup>**

CEWG Areas	Number of Primary Heroin Admissions	Percentage of Total Admissions
	#	%
Atlanta	154	3.4
Baltimore City	3,502	47.1
Boston <sup>3</sup>	4,328	53.2
Colorado	1,015	7.0
Denver	609	10.0
Detroit	1,397	30.5
Hawaii	55	1.2
Los Angeles	4,866	20.7
Maine	492	7.8
Maryland	6,216	22.9
Minneapolis/St. Paul	1,021	10.0
New York City	9,380	23.6
Philadelphia	1,022	12.9
St. Louis	1,999	30.2
San Diego	1,597	22.3
San Francisco	1,793	15.5
Seattle	887	14.4
South Florida/Broward County	50	2.5
South Florida/Miami-Dade County	85	4.0
Texas	8,088	11.8

<sup>1</sup>More information on these data is available in the footnotes and notes for appendix table 1. Heroin and other opiates are grouped together for Cincinnati, and morphine and heroin are grouped together for Phoenix; these data are not included in this table as a result.

<sup>2</sup>Data are for the first half (1H) of calendar year 2011: January–June 2011.

<sup>3</sup>Treatment data for Boston do not include admissions younger than 14.

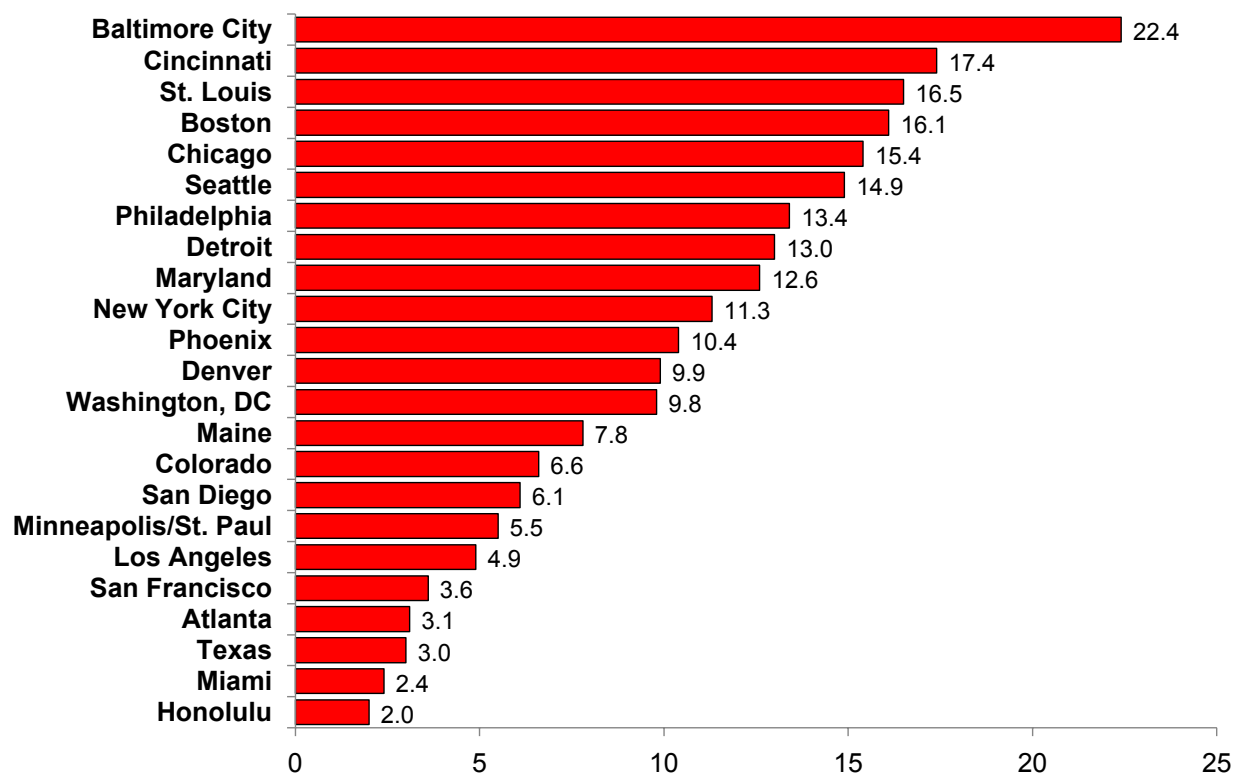
SOURCE: January 2012 State and local CEWG reports

## Forensic Laboratory Data on Heroin

In close to one-half (12) of the 23 CEWG areas shown on the map in figure 5 (section II), heroin items accounted for less than 10 percent of the total drug items reported by NFLIS. As a proportion of total drug items, heroin items were highest in Baltimore City (22.4 percent), compared with other CEWG areas. Heroin drug items identified were lowest in Honolulu (2.0 percent) (figure 7; appendix table 2).

Heroin was not ranked as the number one most frequently identified drug in any of the CEWG areas in the first half of 2011 (section II, table 1), and it appeared as second in St. Louis. It ranked third in three of five southern CEWG areas (Baltimore City, Maryland, and Washington, DC); in three of four northeastern areas (Boston, New York City, and Philadelphia); in three of five areas in the Midwest (Chicago, Cincinnati, and Detroit); and in two of the nine western areas (Phoenix and Seattle).

**Figure 7. Heroin Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**



<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all but one area were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

## Opiates/Opioids Other Than Heroin (Narcotic Analgesics)

### Treatment Admissions Data on Opiates/Opioids Other Than Heroin (Narcotic Analgesics)

In the first half of 2011, 20 CEWG areas provided data on treatment admissions for primary abuse of opiates other than heroin as a category separate from heroin (table 5; appendix table 1). Treatment admissions for primary abuse of opiates other than heroin as a percentage of total substance abuse treatment admissions ranged from approximately 3 to 12 percent in 18 of the 20 reporting CEWG areas. The other opiate admissions group accounted for a high of 34.9 percent of the primary treatment admissions in Maine. This was followed distantly by South Florida/Broward County, where 24.7 percent of total primary treatment admissions were for other opiates. At the low end of the range, other opiates accounted for approximately 3–4 percent of total admissions in Baltimore City, Detroit, Los Angeles, New York City, St. Louis, San Diego, and San Francisco.

While none of the 20 CEWG reporting areas ranked other opiates as being first as primary substances of abuse in percentages of total treatment admissions, in Maine and South Florida/Broward County, other opiates ranked second. This drug category did not rank third in any areas, but it placed fourth in six areas—Atlanta, Boston, Maryland, South Florida/Miami-Dade County, Minneapolis/St. Paul, and Phoenix (section II, table 2).

### Forensic Laboratory Data on Opiates/Opioids Other Than Heroin (Narcotic Analgesics)

Of the narcotic analgesic/opiate items identified by forensic laboratories across CEWG areas in the first half of 2011, oxycodone and hydrocodone were the two most frequently reported in most areas. However, neither accounted for more than 20 percent of total drug items identified in any area in this 2011 reporting period (table 6).

**Oxycodone.** Maine had the highest percentage of oxycodone drug items identified in forensic laboratories in the first half of 2011 (at 16.8 percent), followed by Boston and Atlanta (at 10.0 and 7.4 percent, respectively). Seattle and Philadelphia also had relatively high proportions of oxycodone items identified, at 6.9 and 6.1 percent, respectively. In 5 of 23 CEWG areas, oxycodone represented less than 1.0 percent of the total drug items identified in the reporting period; these areas were Chicago, Detroit, Los Angeles, Texas, and Washington, DC (table 6; figure 8; appendix table 2).

In all but 2 areas (Chicago and Texas), oxycodone ranked among the top 10 drug items seized and identified in the first half of 2011. In Maine, oxycodone ranked second among drug items identified; it ranked third in Atlanta and Miami and fourth in Boston, Cincinnati, Maryland, New York City, and Philadelphia. Oxycodone ranked fifth in Baltimore City, Minneapolis/St. Paul, Phoenix, and Seattle (section II, table 1).

**Hydrocodone.** Texas and Atlanta showed the highest proportions of NFLIS hydrocodone drug items seized and identified in the first half of 2011, at 5.2 and 5.0 percent, respectively (table 6 and figure 9). In 10 areas, less than 1.0 percent of drug items identified in the reporting period contained hydrocodone, namely Baltimore City, Boston, Chicago, Honolulu, Maryland, Miami, Minneapolis/St. Paul, New York City, Philadelphia, and Washington, DC (table 6; figure 9).

In all but 5 areas, hydrocodone was listed among the top 10 most frequently identified drugs in the first half of 2011. These areas were Baltimore City, Boston, Minneapolis/St. Paul, New York City, and Washington, DC. Hydrocodone ranked fourth in frequency of drug items identified in Detroit, San Francisco, and Texas, and it ranked fifth in Atlanta, Chicago, Cincinnati, St. Louis, and San Diego (section II, table 1).

**Buprenorphine.** Buprenorphine was seized and analyzed in NFLIS forensic laboratories in all 23 reporting CEWG areas in the first half of 2011. Seven of 23 reporting areas had at least 1.0 percent of drug items identified as containing buprenorphine. In Boston and Maine, buprenorphine constituted 3.9 and 3.2 percent of drugs identified, respectively. In Baltimore City, Maryland, Seattle, New York City, and Phoenix, respective percentages of drug items containing buprenorphine that were seized and identified in forensic laboratories in the first half of 2011 were 1.7, 1.5, 1.2, 1.1, and 1.1 percent (table 6).

Based on the ranking of drug items identified in the NFLIS system, buprenorphine was among the top 10 drugs identified in 10 of 23 areas. It ranked fourth in identified drugs in Baltimore City, fifth in Boston and Maine (tied with MDMA [3,4-methylenedioxymethamphetamine]), and sixth in Maryland. It also ranked 8th in New York City and Cincinnati; 9th in St. Louis and Washington, DC; and 10th in Phoenix and Philadelphia in the first half of 2011 (section II, table 1).

**Methadone.** Seattle, Maine, New York City, and Atlanta were the only areas reporting proportions of NFLIS drug items containing methadone at 1.0 percent or higher; respective percentages were 2.0, 1.8, 1.3, and 1.0 percent (table 6). Methadone ranked 7th among seized and identified drugs in New York City and Seattle, 8th in San Francisco, 9th in Baltimore City and Maine, and 10th in Atlanta and Maryland during this reporting period (section II, table 1).

**Codeine.** Codeine was found in 1 or more items seized and identified in NFLIS laboratories in 21 CEWG areas, ranging from 1 to 247 items (the latter in Texas). Items identified as codeine represented more than 1.0 percent of total items in one area, Philadelphia (1.2 percent), where codeine also ranked seventh among all identified items. It ranked ninth among all items in Los Angeles and San Francisco in the first half of 2011 (section II, table 1).

**Oxymorphone.** Oxymorphone was identified in 1 or more items in 18 CEWG areas; the highest number was 38 items in Maryland. Oxymorphone did not constitute more than 1.0 percent of total items in any area, and it did not rank among the top 10 items identified in any area.

**Fentanyl.** Although numbers were small, fentanyl was identified in 15 CEWG areas in the first half of 2011. None of those CEWG areas showed proportions of drug items identified as fentanyl at greater than 0.2 percent (in Maine), and fentanyl did not rank among the top 10 items identified in any area.



**Table 5. Primary Other Opiate Treatment Admissions in 20 CEWG Areas as a Percentage of Total Substance Abuse Admissions<sup>1</sup>: 1H 2011<sup>2</sup>**

CEWG Areas <sup>3</sup>	Primary Other Opiate Admissions	Percentage of Total Admissions
	#	%
Atlanta	310	6.8
Baltimore City	317	4.3
Boston <sup>4</sup>	379	4.7
Colorado	897	6.2
Denver	381	6.2
Detroit	143	3.1
Los Angeles	765	3.2
Maine	2,208	34.9
Maryland	3,165	11.7
Minneapolis/St. Paul	955	9.3
New York City	1,082	2.7
Philadelphia	582	7.3
Phoenix <sup>4</sup>	111	7.2
St. Louis	200	3.0
San Diego	297	4.2
San Francisco	311	2.7
Seattle	361	5.8
South Florida/Broward County	503	24.7
South Florida/Miami-Dade County	105	4.9
Texas	5,050	7.3

<sup>1</sup>More information on these data is available in the footnotes and notes for appendix table 1.

<sup>2</sup>Data are for the first half (1H) calendar year 2011: January–June 2011.

<sup>3</sup>Heroin and other opiates were grouped together for Cincinnati and were not reported in this table. Hawaii data were also not reported. For further information see appendix table 1.

<sup>4</sup>Treatment data for Boston do not include admissions younger than 14, while data for Phoenix do not include admissions younger than 18.

SOURCE: January 2012 State and local CEWG reports

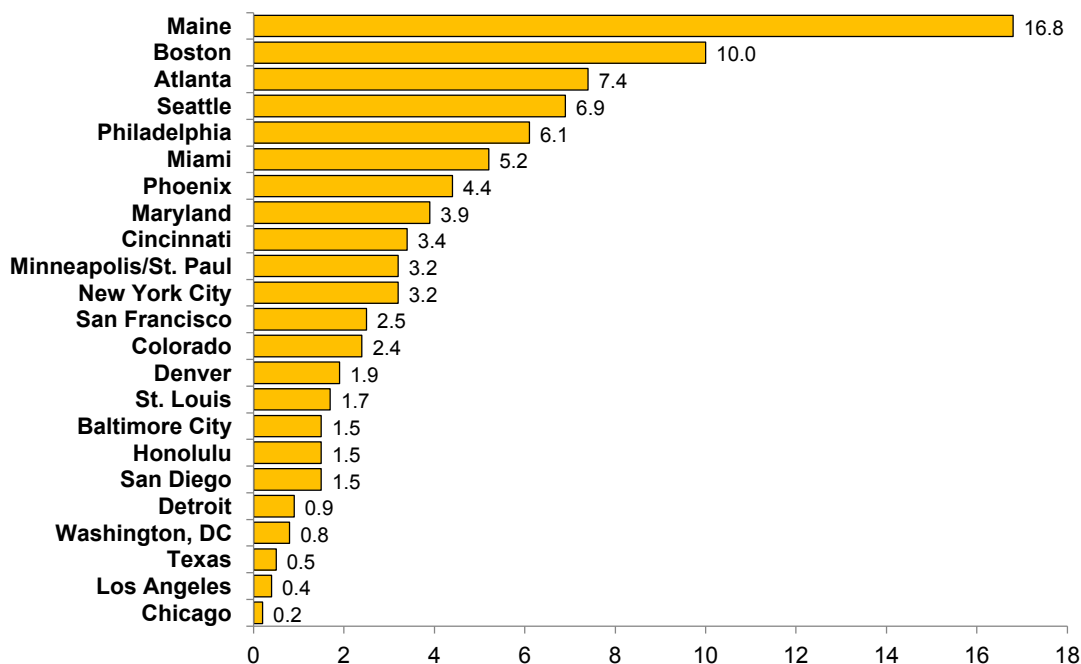
**Table 6. Selected Narcotic Analgesic Items Identified by Forensic Laboratories in 23 CEWG Areas, by Number and Percentage of Total Items Identified: 1H 2011<sup>1</sup>**

CEWG Area	Oxycodone		Hydrocodone		Methadone		Fentanyl		Buprenorphine		Total Items
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	
Atlanta	429	7.4	290	5.0	58	1.0	—	—	22	0.4	5,792
Baltimore City	248	1.5	16	0.1	42	0.3	—	—	276	1.7	16,588
Boston	1,139	10.0	78	0.7	70	0.6	1	0.0	442	3.9	11,427
Chicago	57	0.2	299	0.8	47	0.1	2	0.0	86	0.2	36,492
Cincinnati	184	3.4	79	1.5	17	0.3	3	0.1	34	0.6	5,424
Colorado	133	2.4	93	1.7	7	0.1	4	0.1	4	0.1	5,554
Denver	62	1.9	38	1.2	2	0.1	3	0.1	3	0.1	3,303
Detroit	37	0.9	171	4.2	9	0.2	1	0.0	13	0.3	4,102
Honolulu	11	1.5	3	0.4	1	0.1	—	—	2	0.3	746
Los Angeles	79	0.4	235	1.2	29	0.1	1	0.0	15	0.1	20,424
Maine	84	16.8	14	2.8	9	1.8	1	0.2	16	3.2	499
Maryland	1,553	3.9	177	0.5	165	0.4	4	0.0	592	1.5	39,640
Miami	674	5.2	69	0.5	37	0.3	1	0.0	27	0.2	12,866
Minneapolis/ St. Paul	98	3.2	26	0.8	25	0.8	—	—	10	0.3	3,109
New York City	802	3.2	150	0.6	322	1.3	4	0.0	278	1.1	24,861
Philadelphia	862	6.1	70	0.5	38	0.3	3	0.0	67	0.5	14,155
Phoenix	247	4.4	129	2.3	29	0.5	—	—	59	1.1	5,586
St. Louis	131	1.7	162	2.1	22	0.3	—	—	57	0.8	7,595
San Diego	129	1.5	212	2.5	39	0.5	—	—	33	0.4	8,496
San Francisco	108	2.5	180	4.1	34	0.8	1	0.0	3	0.1	4,391
Seattle	69	6.9	13	1.3	20	2.0	1	0.1	12	1.2	1,003
Texas	253	0.5	2,575	5.2	155	0.3	15	0.0	71	0.1	49,392
Washington, DC	15	0.8	6	0.3	6	0.3	—	—	14	0.7	1,985

<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011.

SOURCE: NFLIS, DEA, data for all areas except New York City were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011; see appendix tables 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

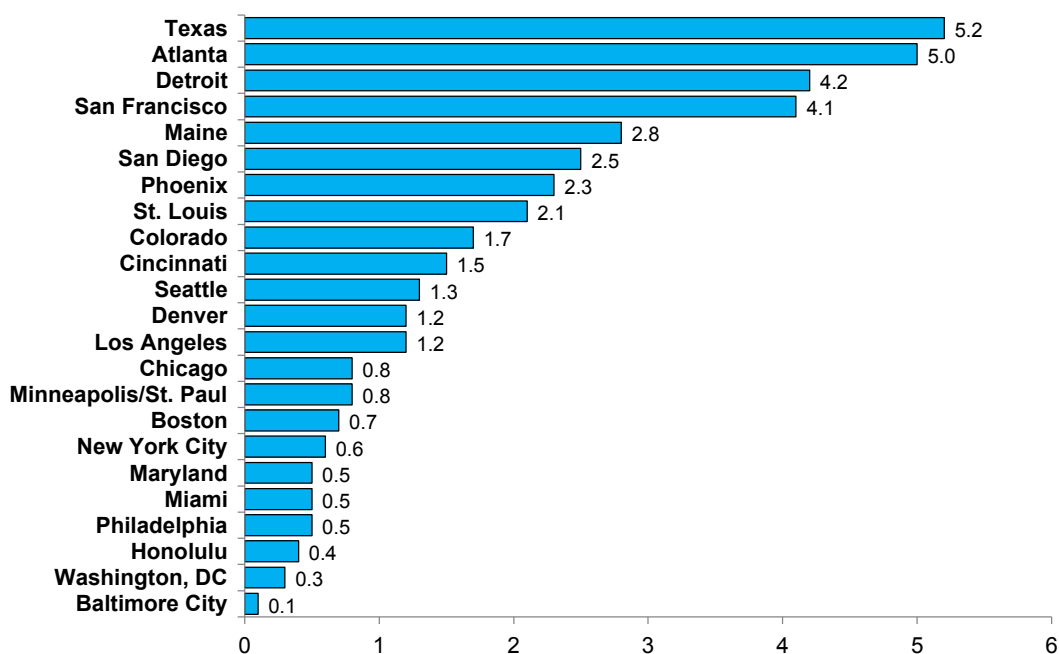
**Figure 8. Oxycodone Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**



<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all but one area were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

**Figure 9. Hydrocodone Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**



<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all but one area were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

## Benzodiazepines

### Treatment Admissions Data on Benzodiazepines

In some CEWG area treatment data systems, benzodiazepines are included with other depressants, barbiturates, and sedative-hypnotics. However, in 19 CEWG areas benzodiazepine-related primary admissions are reported separately. In 10 of these areas, Cincinnati, Colorado, Denver, Detroit, Los Angeles, Minneapolis/St. Paul, New York City, St. Louis, San Francisco, and Seattle, the proportions of primary benzodiazepine admissions were less than 1.0 percent of total substance abuse admissions and were excluded from table 7. Data are shown in table 7 for the nine areas in which such admissions represented 1.0 percent or more of total substance abuse admissions in the first half of 2011. While benzodiazepine admissions continued to account for small proportions of total treatment admissions, some CEWG area representatives noted that benzodiazepines were secondary or tertiary drugs of abuse among some treatment admissions (see Boston area Update Brief, section III).

As shown in table 7, percentages of primary benzodiazepine treatment admissions ranged from 1.0 percent in Baltimore City and Maine to 5.3 percent in Philadelphia. In none of the CEWG areas reporting benzodiazepine admissions as a separate category in treatment data ( $n=19$ ) were these admissions ranked higher than sixth among primary drugs of abuse (section II, table 2).

**Table 7. Primary Benzodiazepine Treatment Admissions in Nine CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions<sup>1</sup>: 1H 2011<sup>2</sup>**

CEWG Areas <sup>3</sup>	Primary Benzodiazepine Admissions	Percentage of Total Admissions
	#	%
Atlanta	110	2.4
Baltimore City	76	1.0
Boston <sup>4</sup>	114	1.4
Maine	63	1.0
Maryland	325	1.2
Philadelphia	420	5.3
South Florida/Broward County	65	3.2
South Florida/Miami-Dade County	28	1.3
Texas	1,061	1.5

<sup>1</sup>More information on these data is available in the footnotes and notes for appendix table 1.

<sup>2</sup>Data are for the first half (1H) of calendar year 2011: January–June 2011.

<sup>3</sup>Data for this table were not reported for areas with benzodiazepine-related primary treatment admissions of less than 1.0 percent and for those areas where benzodiazepines are not reported separately from other substance abuse treatment admissions. For further information, see appendix table 1.

<sup>4</sup>Treatment data for Boston do not include admissions younger than 14.

SOURCE: January 2012 State and local CEWG reports

Benzodiazepines ranked in fifth place in the proportion of total substance abuse admissions in the first half of 2011 in Cincinnati, and in sixth place in Baltimore City, Boston, and South Florida/Broward County (section II, table 2).

### **Forensic Laboratory Data on Benzodiazepines**

Three benzodiazepine-type items—alprazolam, clonazepam, and diazepam—were the most frequently reported benzodiazepines identified by forensic laboratories in 23 CEWG areas in the first half of 2011 reporting period. Table 8 shows the numbers and percentages of drug items containing alprazolam, clonazepam, and diazepam in each of the reporting CEWG areas.

**Alprazolam.** In the 23 CEWG areas for which NFLIS data were reported for the first half of 2011, the highest percentages of alprazolam drug items identified were in Atlanta (5.9 percent) and Texas (5.0 percent), followed by Miami and Philadelphia (4.3 and 4.2 percent, respectively). Alprazolam drug items were reported at 1.0–3.0 percent in 13 areas—Baltimore City, Boston, Cincinnati, Detroit, Honolulu, Maine, Maryland, Minneapolis/St. Paul, New York City, Phoenix, St. Louis, San Diego, and Seattle—and at less than 1.0 percent in the remaining 6 reporting CEWG areas (table 8; figure 10). In section II, table 1, which shows the rankings of the most frequently reported drugs in NFLIS data for the first half of 2011, alprazolam ranked fourth in frequency among the top 10 drug items identified in Atlanta and Miami and fifth in Detroit, Honolulu, Maryland, New York City, Philadelphia, and Texas.

**Clonazepam.** Drug items containing clonazepam accounted for 2.8 percent of all drug items analyzed by NFLIS laboratories in Boston. Its presence was minimal in the 22 other CEWG areas, reaching 1.0 percent in one area only, Maine (table 8). Clonazepam ranked 6th among drugs identified in Boston; 7th in Cincinnati; 8th in Baltimore City, Maryland, and Philadelphia; and was 10th in New York City and San Diego (section II, table 1).

**Diazepam.** Drug items containing diazepam accounted for less than 1.0 percent of all drug items in 22 CEWG areas (table 8), the exception being Maine, where 1.2 percent of all drug items seized and identified in the first half of 2011 contained diazepam. However, diazepam ranked 9th in Cincinnati and Honolulu (where it was tied with hydrocodone, amphetamine, methandienone, and MDPV) and 10th in San Francisco among drug items identified in NFLIS forensic laboratories in the first half of 2011 (section II, table 1).

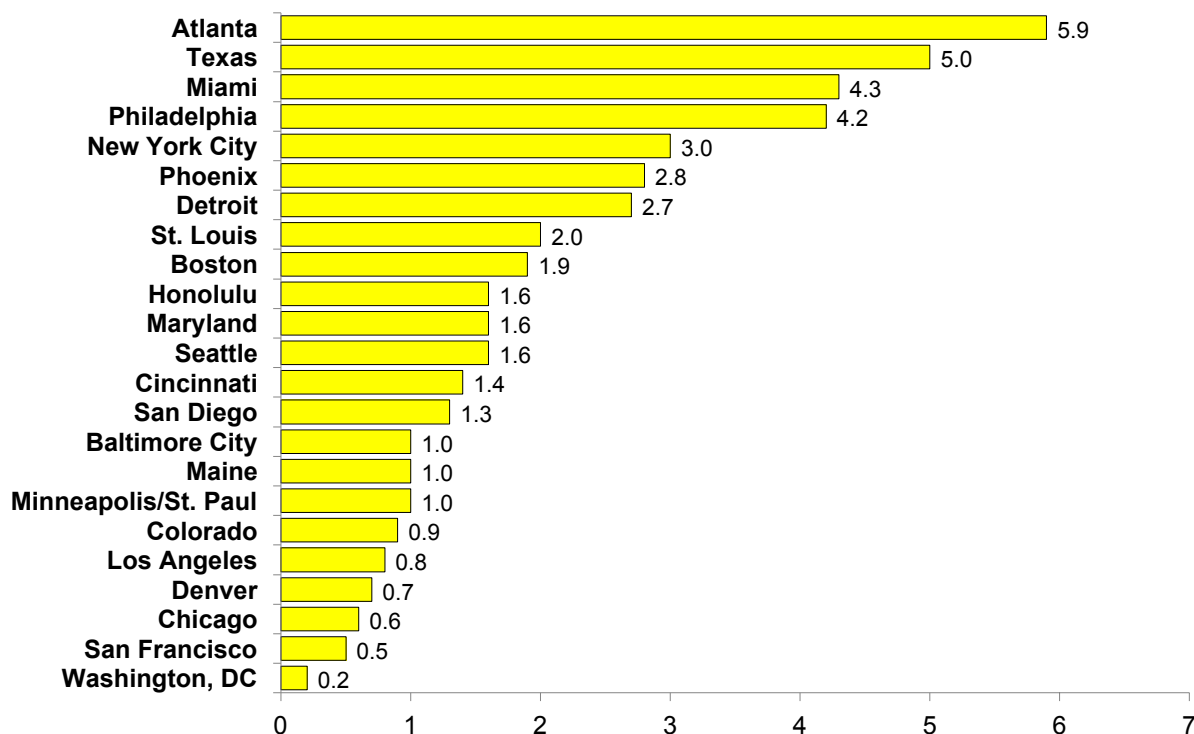


**Table 8. Number of Selected Benzodiazepine Items Identified by Forensic Laboratories in 23 CEWG Areas, by Number and Percentage of Total Items Identified: 1H 2011<sup>1</sup>**

CEWG Area	Alprazolam		Clonazepam		Diazepam		Total Items
	#	(%)	#	(%)	#	(%)	
Atlanta	343	5.9	47	0.8	20	0.3	5,792
Baltimore City	158	1.0	52	0.3	19	0.1	16,588
Boston	213	1.9	322	2.8	53	0.5	11,427
Chicago	215	0.6	41	0.1	37	0.1	36,492
Cincinnati	76	1.4	38	0.7	27	0.5	5,424
Colorado	52	0.9	30	0.5	32	0.6	5,554
Denver	22	0.7	18	0.5	12	0.4	3,303
Detroit	110	2.7	4	0.1	13	0.3	4,102
Honolulu	12	1.6	1	0.1	3	0.4	746
Los Angeles	153	0.8	45	0.2	31	0.2	20,424
Maine	5	1.0	5	1.0	6	1.2	499
Maryland	628	1.6	196	0.5	125	0.3	39,640
Miami	549	4.3	35	0.3	24	0.2	12,866
Minneapolis/St. Paul	31	1.0	25	0.8	10	0.3	3,109
New York City	739	3.0	214	0.9	79	0.3	24,861
Philadelphia	594	4.2	102	0.7	50	0.4	14,155
Phoenix	154	2.8	38	0.7	28	0.5	5,586
St. Louis	149	2.0	30	0.4	42	0.6	7,595
San Diego	108	1.3	51	0.6	40	0.5	8,496
San Francisco	21	0.5	17	0.4	26	0.6	4,391
Seattle	16	1.6	8	0.8	7	0.7	1,003
Texas	2,445	5.0	353	0.7	241	0.5	49,392
Washington, DC	3	0.2	—	—	—	—	1,985

<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011.

SOURCE: NFLIS, DEA, data for all areas except New York City were retrieved on December 12, 2010; data for New York City were retrieved on December 15, 2012; see appendix tables 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

**Figure 10. Alprazolam Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**

<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all but one area were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

## Methamphetamine

### Treatment Admissions Data on Methamphetamine

Data on primary methamphetamine treatment admissions in the first half of 2011 reporting period were available and reported for 12 CEWG areas (where methamphetamine was the major substance of abuse in at least 1.0 percent of total admissions)<sup>13</sup>. As a percentage of total treatment admissions, Hawaii had the highest proportion of methamphetamine admissions, at 39.3 percent, followed by San Diego, at 28.7 percent, and Phoenix, at 21.9 percent (table 9; appendix table 1). In the same period, primary methamphetamine admissions accounted for approximately 11–20 percent of total primary admissions in Colorado, Denver, Los Angeles, and San Francisco. The lowest proportion of primary methamphetamine treatment admissions for this reporting period for areas reporting 1.0 percent or more of total admissions was in St. Louis, at 2.7 percent. Ten CEWG areas, all east of the Mississippi River (Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, New York City,

<sup>13</sup>Data for 10 areas were excluded due to small numbers (less than 1.0 percent of admissions were for methamphetamine).

**Table 9. Primary Methamphetamine Treatment Admissions in 12 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions<sup>1</sup>: 1H 2011<sup>2</sup>**

CEWG Areas <sup>3</sup>	Primary Methamphetamine Admissions	Percentage of Total Admissions
	#	%
Atlanta	242	5.3
Colorado	2,034	14.0
Denver	684	11.2
Hawaii	1,871	39.3
Los Angeles	3,879	16.5
Minneapolis/St. Paul	647	6.3
Phoenix <sup>4</sup>	338	21.9
St. Louis	177	2.7
San Diego	2,055	28.7
San Francisco	2,212	19.1
Seattle	589	9.5
Texas	3,816	5.5

<sup>1</sup>More information on these data is available in the footnotes and notes for appendix table 1.

<sup>2</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011.

<sup>3</sup>Data for CEWG areas where primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table. For further information, see appendix table 1.

<sup>4</sup>Treatment data for Phoenix do not include admissions younger than 18.

SOURCE: January 2012 State and local CEWG reports

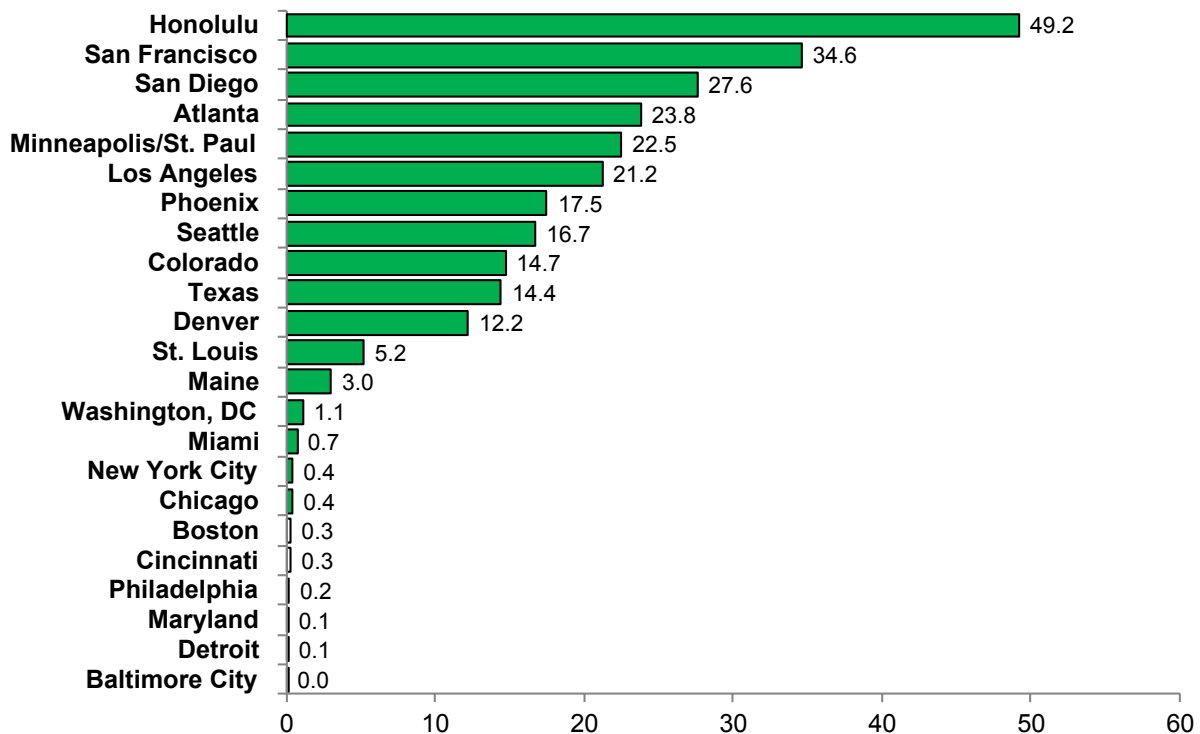
Philadelphia, South Florida/Broward County, and South Florida/Miami-Dade County), reported that less than 1.0 percent of admissions were for primary methamphetamine abuse (data not shown).

Based on rankings of primary drugs as a percentage of total treatment admissions, methamphetamine ranked first in Hawaii and San Diego; second in San Francisco; third in Colorado, Denver, and Phoenix; and fourth in Los Angeles (section II, table 2).

### Forensic Laboratory Data on Methamphetamine

In the first half of 2011, methamphetamine ranked first among drug items identified in Honolulu and San Francisco; second in Atlanta, Minneapolis/St. Paul, Phoenix, San Diego, and Seattle; and third in four CEWG areas—Colorado, Denver, Los Angeles, and Texas (section II, table 1).

Forensic laboratory data for CEWG reporting areas (figure 11 and on the map in section II, figure 5) show that methamphetamine was the drug identified most frequently in Honolulu and San Francisco (49.2 percent and 34.6 percent of total drug items, respectively). Items containing methamphetamine were next most frequently identified among total drug items in San Diego (27.6 percent), Atlanta (23.8 percent), and Minneapolis/St. Paul (22.5 percent) (figure 11). In nine of the CEWG reporting areas, less than 1.0 percent of the total drug items contained methamphetamine; all were in areas east of the Mississippi River (figure 1; section II, figure 11; appendix table 2).

**Figure 11. Methamphetamine Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**

<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all but one area were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

## Marijuana/Cannabis

### Treatment Admissions Data on Marijuana

In the first half of 2011 reporting period, marijuana ranked as the most frequently reported drug among primary treatment admissions in 6 of the 22 CEWG reporting areas (section II, table 2); these were Cincinnati, Los Angeles, Philadelphia, Phoenix, and South Florida/Miami-Dade and Broward Counties. Marijuana ranked second among primary drugs of admission in seven areas (Atlanta, Colorado, Denver, Minneapolis/St. Paul, New York City, Seattle, and Texas) (section II, table 2).

As shown in table 10, South Florida/Miami-Dade County had the highest percentage of primary marijuana treatment admissions, at 40.0 percent, followed by South Florida/Broward County, at 31.9 percent, and Cincinnati, at 30.8 percent (see also appendix table 1). The lowest proportion of marijuana treatment admissions was reported in Boston, at 3.2 percent. However, Boston and Phoenix treatment admissions data exclude youth younger than 14 and 18, respectively.

**Table 10. Primary Marijuana Treatment Admissions in 22 CEWG Areas as a Percentage of Total Substance Abuse Admissions<sup>1</sup>: 1H 2011<sup>2</sup>**

CEWG Areas	Primary Marijuana Admissions	Percentage of Total Admissions
	#	%
Atlanta	829	18.1
Baltimore City	1,125	15.1
Boston <sup>3</sup>	258	3.2
Cincinnati	1,004	30.8
Colorado	3,161	21.8
Denver	1,432	23.4
Detroit	677	14.8
Hawaii	974	20.5
Los Angeles	5,689	24.2
Maine	613	9.7
Maryland	5,526	20.4
Minneapolis/St. Paul	1,804	17.6
New York City	10,517	26.5
Philadelphia	1,982	24.9
Phoenix <sup>3</sup>	363	23.5
St. Louis	1,360	20.5
San Diego	1,348	18.8
San Francisco	1,142	9.8
Seattle	1,246	20.2
South Florida/Broward County	630	31.9
South Florida/Miami-Dade County	857	40.0
Texas	15,591	22.7

<sup>1</sup>More information on these data is available in the footnotes and notes for appendix table 1.

<sup>2</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011.

<sup>3</sup>Treatment data for Boston do not include admissions younger than 14, and data for Phoenix do not include admissions younger than 18.

SOURCE: January 2012 State and local CEWG reports

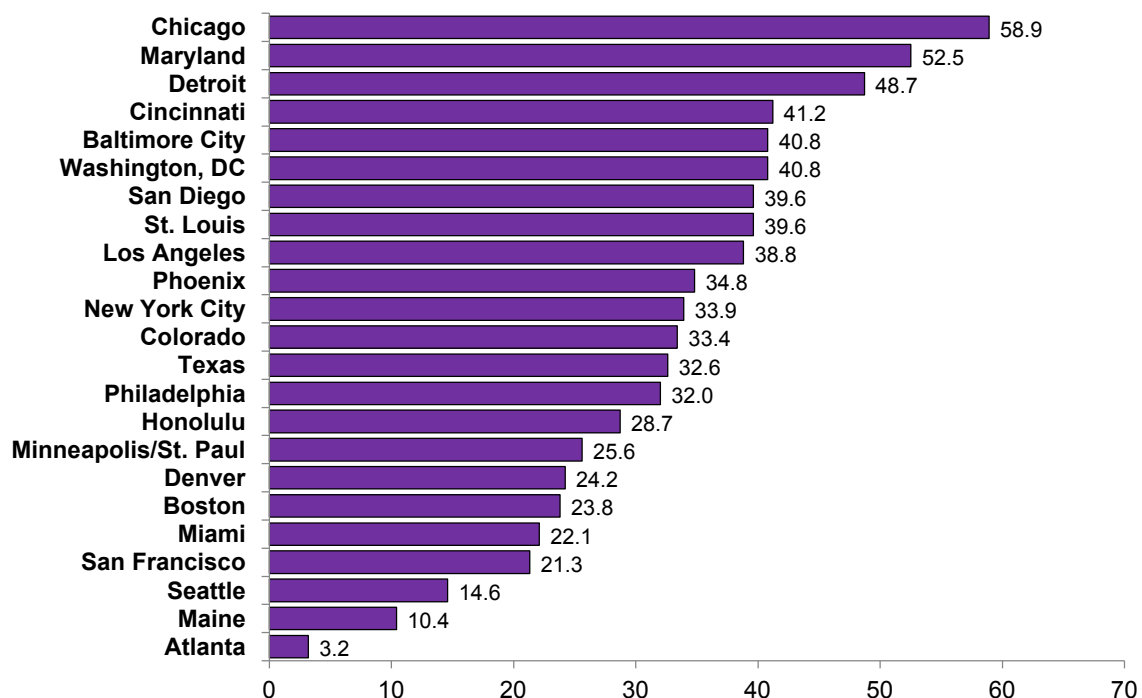


## Forensic Laboratory Data on Marijuana/Cannabis

Chicago had the highest percentage of marijuana/cannabis identified by NFLIS laboratories in the first half of 2011 (58.9 percent), followed by Maryland and Detroit (52.5 and 48.7 percent, respectively) (figure 12; appendix table 2). The remaining 18 CEWG sites had percentages for marijuana/cannabis drug items identified ranging from 3.2 percent in Atlanta<sup>14</sup> to 41.2 percent in Cincinnati (figure 12).

Marijuana/cannabis ranked in either first or second place among drug items most frequently seized and identified in all but three CEWG areas; the exceptions were Maine, Seattle, and Atlanta, where it ranked third, fourth, and sixth, respectively. In the first half of 2011, marijuana/cannabis ranked in first place among identified drugs in 14 of 23 CEWG areas, including 3 of 5 areas in the southern region (Baltimore City, Maryland, and Washington, DC); 1 of 4 areas in the northeastern region (Boston); and all 5 areas in the midwestern region (Chicago, Cincinnati, Detroit, Minneapolis/St. Paul, and St. Louis). It also ranked first in frequency of drug items seized and identified in the NFLIS system in five of nine areas in the West—Colorado, Los Angeles, Phoenix, San Diego, and Texas. It was the second most frequently identified drug item in the first half of 2011 NFLIS data in another six CEWG areas—Denver, Honolulu, Miami, New York City, Philadelphia, and San Francisco (section II, table 1).

**Figure 12. Marijuana/Cannabis Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: 1H 2011<sup>1</sup>**



<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all but one area were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011

<sup>14</sup>According to the Atlanta CEWG area representative, Georgia initiated a statewide administrative policy in 2004 that laboratory testing is not required when cannabis is seized by law enforcement officers. This may explain the low numbers of such drug items identified in this CEWG area relative to other CEWG areas.

## Other Drugs

### Treatment Admissions Data on MDMA

Admissions for primary treatment of MDMA are not captured in all treatment data systems, but they appeared low in those areas that do report on these drugs.

### Forensic Laboratory Data on MDMA

MDMA or ecstasy did not rank higher than fourth in the proportion of drug items seized and identified in any of the 23 CEWG areas reporting NFLIS data for the first half of 2011. MDMA was the fourth most frequently identified drug item in NFLIS laboratories in Chicago. It ranked fifth in Colorado, Denver, Los Angeles, and Maine (section II, table 1).

MDMA ranged from less than 1.0 percent of analyzed seizures in 12 areas (Atlanta, Baltimore City, Boston, Chicago, Cincinnati, Detroit, Honolulu, Maryland, New York City, Philadelphia, St. Louis, and Washington, DC) to a high of 5.0 percent in Seattle. Of 11 CEWG areas with 1.0 percent or more MDMA drug items seized and identified in this reporting period, Seattle's proportions were highest at 5.0 percent, followed by Maine, San Francisco, and Los Angeles, at 3.2, 2.9, and 2.5 percent, respectively (table 11).

### Forensic Laboratory Data on Other Drugs

Other drugs reported on in this section for which NFLIS data are available are MDA (3,4-methylenedioxymphetamine), GHB (gamma hydroxybutyrate), PCP (phencyclidine), LSD (lysergic acid diethylamide), psilocin, ketamine, BZP (1-benzylpiperazine), and carisoprodol (table 12).

**MDA.** MDA was reported among the drug items seized and identified in 14 of 23 reporting areas in the first half of 2011, although it represented very low numbers and very small percentages well under 1.0 percent in all areas: Atlanta, Baltimore City, Chicago, Colorado, Denver, Honolulu, Maryland, Miami, New York City, Philadelphia, St. Louis, San Diego, San Francisco, and Texas (table 12).

**GHB.** GHB drug items were identified among drug items analyzed in forensic laboratories in 11 CEWG areas of the 23 reporting NFLIS data in the first half of 2011, including Atlanta, Boston, Chicago, Los Angeles, Miami, Minneapolis/St. Paul, New York City, St. Louis, San Diego, Texas, and Washington, DC. Again, numbers were very low, ranging from 1 to 31 in this half-year reporting period (table 12). In no case did the percentage reach higher than 0.1 percent of total drug items.

**PCP.** PCP was reported in 19 of 23 CEWG areas among total drug items seized and identified in NFLIS laboratories in the first half of 2011. The exceptions were Atlanta, Cincinnati, Denver, and Honolulu. PCP items were highest in Washington, DC, at 7.5 percent of total drug items identified, followed by Philadelphia, at 2.0 percent; New York City, at 1.8 percent; and Seattle, at 1.3 percent. In Miami, hallucinogens, which included mainly PCP, represented 1.9 percent of drug items seized and identified in the first half of 2011 (section IV, table 12; appendix table 2).

PCP figured among the top 10 most frequently identified drug items in 7 of 23 CEWG areas in this 2011 reporting period. In Washington, DC, PCP ranked fourth as the most frequently identified drug

**Table 11. Number of MDMA Items Identified and MDMA Items as a Percentage of Total Items Identified by Forensic Laboratories, 23 CEWG Areas: 1H 2011<sup>1</sup>**

CEWG Area	MDMA Items	Total Items Identified	Percentage of Total Items Identified
Atlanta	50	5,792	0.9
Baltimore City	29	16,588	0.2
Boston	53	11,427	0.5
Chicago	329	36,492	0.9
Cincinnati	15	5,424	0.3
Colorado	134	5,554	2.4
Denver	79	3,303	2.4
Detroit	25	4,102	0.6
Honolulu	1	746	0.1
Los Angeles	516	20,424	2.5
Maine	16	499	3.2
Maryland	98	39,640	0.3
Miami	216	12,866	1.7
Minneapolis/St. Paul	32	3,109	1.0
New York City	148	24,861	0.6
Philadelphia	13	14,155	0.1
Phoenix	66	5,586	1.2
St. Louis	45	7,595	0.6
San Diego	187	8,496	2.2
San Francisco	126	4,391	2.9
Seattle	50	1,003	5.0
Texas	608	49,392	1.2
Washington, DC	5	1,985	0.3

<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011.

SOURCE: NFLIS, DEA, data for all areas except New York City were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011; see appendix tables 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

**Table 12. Number of MDA, GHB, Ketamine, LSD, PCP, and Other Drug Items Identified by Forensic Laboratories, in 23 CEWG Areas: 1H 2011<sup>1</sup>**

CEWG Area	MDA	GHB <sup>2</sup>	PCP	LSD	Psilocin <sup>3</sup>	Ketamine	BZP	Cariso-prodol	Totals
Atlanta	3	4	—	7	25	3	18	45	5,792
Baltimore City	1	—	3	3	6	3	67	—	16,588
Boston	—	11	6	13	24	14	51	15	11,427
Chicago	5	21	156	19	52	27	238	—	36,492
Cincinnati	—	—	—	8	16	2	11	1	5,424
Colorado	6	—	1	3	93	5	37	—	5,554
Denver	6	—	—	—	44	3	30	—	3,303
Detroit	—	—	6	1	8	1	21	1	4,102
Honolulu	2	—	—	—	—	—	—	1	746
Los Angeles	—	24	166	25	78	34	23	71	20,424
Maine	—	—	1	4	5	—	5	1	499
Maryland	2	—	208	21	54	14	133	12	39,640
Miami	1	8	245 <sup>4</sup>	8	7	18	86	23	12,866
Minneapolis/ St. Paul	—	1	2	2	31	—	21	2	3,109
New York City	2	2	446	27	39	261	202	1	24,861
Philadelphia	2	—	280	2	—	1	14	—	14,155
Phoenix	—	—	9	1	15	7	18	77	5,586
St. Louis	6	1	13	9	10	—	30	8	7,595
San Diego	3	6	26	5	53	9	24	3	8,496
San Francisco	2	—	9	8	22	12	4	14	4,391
Seattle	—	—	13	4	12	4	10	3	1,003
Texas	47	31	217	8	97	8	458	602	49,392
Washington, DC	—	2	148	—	—	—	49	—	1,985

<sup>1</sup>Data are for the first half (1H) of calendar year (CY) 2011: January–June 2011.

<sup>2</sup>GHB and its two precursors, GBL (gamma butyrolactone) and 1,4-BD (1,4-butanediol), are grouped together in this table under “GHB.”

<sup>3</sup>Psilocybine, psilocybin, psylocin, and psilocin are grouped together in this table under the category, “Psilocin.”

<sup>4</sup>Miami does not report PCP as a separate category, reporting 409 “hallucinogens” identified in 1H 2011.

SOURCE: NFLIS, DEA, data for all areas except New York City were retrieved on December 12, 2011; data for New York City were retrieved on December 15, 2011; data are subject to change and may differ according to the date on which they were queried

item in forensic laboratories in the first half of 2011. PCP was also among the top drug items identified in New York City and Philadelphia, where it ranked sixth in each area. PCP ranked seventh in Los Angeles and Maryland, eighth in Chicago, and ninth in Seattle (section II, table 1). The Miami NFLIS laboratories reported a general category of hallucinogens, which totaled 245 cases, or 1.9 percent of drug items seized and identified in the first half of 2011 (table 12; appendix table 2), and hallucinogens, mostly PCP, ranked sixth among the most frequently identified drug items in Miami in this period.

**LSD.** LSD was not among the top 10 drugs reported in the NFLIS system for any CEWG reporting area, but it was reported in all but 3 of the 23 CEWG areas. These areas were Denver, Honolulu, and Washington, DC. Numbers ranged from 1 to 27. Three areas, Los Angeles, Maryland, and New York City, had 20 or more drug items identified as LSD, but the proportion did not reach 1.0 percent of drug items identified in any area (table 12).

**Psilocin/Psilocybin.** Psilocin/psilocybin, a hallucinogen, was reported among drug items seized and identified in forensic laboratories in 20 of 23 CEWG areas in the first half of 2011; the exceptions were Honolulu, Philadelphia, and Washington, DC (table 12). This drug ranked among the top 10 drugs identified in the NFLIS system in the first half of 2011 in two CEWG areas, ranking seventh in Denver and Colorado (tying with hydrocodone in Colorado) (section II, table 1).

**Ketamine.** Ketamine was identified among drug items in the NFLIS system in the first half of 2011 in 18 of 23 areas, in all but Honolulu, Maine, Minneapolis/St. Paul, St. Louis, and Washington, DC (table 12). Ketamine represented 1.0 percent or less of total drug items seized and identified in all reporting areas. Three areas reported 20 or more drug items seized and identified as ketamine: Chicago, Los Angeles, and New York City (table 12). Ketamine appeared among the top 10 most frequently identified drug items in any CEWG area for the first time. It ranked ninth among drug items seized and identified in New York City, at 1.0 percent of drug items identified, in the first half of 2011 (section II, table 1; appendix table 2).

**BZP.** In the first half of 2011, BZP was among the identified drugs in NFLIS forensic laboratories in all but 1 of the 23 CEWG areas—Honolulu (section II, table 1).

Three of 23 CEWG areas reported 1.0 percent or more drug items containing BZP among drug items identified. The highest proportions of this drug were reported in NFLIS data for Washington, DC, at 2.5 percent of total drug items seized and identified, followed by Maine and Seattle, at 1.0 percent each (table 12; appendix table 2).

In the first half of 2011, BZP ranked among the top 10 drugs identified in NFLIS forensic laboratories in 8 of 23 areas. It ranked 6th in two areas (Chicago and Washington, DC), 7th in one area (Baltimore City), 8th in one (Miami), 9th in three (Denver, Detroit, and Texas), and 10th in one (Colorado) (section II, table 1).

**Carisoprodol.** Carisoprodol was identified among NFLIS drug items seized and analyzed in 17 of 23 reporting areas in the first half of 2011; it was not identified in 6 areas (Baltimore City, Chicago, Colorado, Denver, Philadelphia, and Washington, DC) (table 12). In this reporting period, drug items containing carisoprodol ranked eighth among the top 10 NFLIS drug items identified in forensic



laboratories in 2 areas: Phoenix (with 1.4 percent of all items) and Texas (with 1.2 percent of all items identified) (section II, table 1; appendix table 2).

**TFMPP (1-(3-Trifluoromethylphenyl)piperazine).** TFMPP was identified among drug items analyzed in NFLIS laboratories in 8 of the 23 reporting areas in the first half of 2011—Atlanta, Chicago, Los Angeles, Minneapolis/St. Paul, Phoenix, Philadelphia, Texas, and Washington, DC. In forensic laboratory data for this period, TFMPP ranked among the top 10 in frequency among drug items identified in one area, Atlanta, where it ranked eighth (section II, table 1; appendix table 2). It should be noted that since TFMPP is not a controlled substance, it may not be reported to NFLIS by forensic laboratories in all areas.

**Foxy Methoxy (5-Methoxy-N,N-Diisopropyltryptamine, or 5-MeO-DIPT).** Foxy methoxy was identified as contained in drug items seized and analyzed in NFLIS forensic laboratories in 18 of 23 CEWG areas in the first half of 2011; not included were Honolulu, Los Angeles, Maine, Philadelphia, and San Diego. It ranked among the top 10 most frequently identified drug items in the first half of 2011 in 5 reporting areas, ranking 5th in Washington, DC, 7th in Detroit, 8th in Minneapolis/St. Paul, 9th in Chicago (tied with methamphetamine), and 10th in Baltimore City (section II, table 1; appendix table 2).

**Khat (Cathinone/Cathine).** Cathinone was identified in NFLIS data in 13 of 23 CEWG areas in the first half of 2011. Minneapolis/St. Paul had the highest percentage of drug items containing cathinone, at 1.0 percent. Among the most frequently seized and identified drugs in the NFLIS laboratory system, cathinone/cathine ranked ninth, tied with MDMA, in Minneapolis/St. Paul in the first half of 2011 (section II, table 1; appendix table 2).

**Salvia Divinorum.** Available over the Internet and controlled in some States, *Salvia divinorum* is a perennial herb that produces short-acting hallucinogenic effects when chewed, smoked, or brewed in tea. Salvinorin A, the primary active ingredient in the plant *Salvia divinorum*, was identified in 5 of 23 CEWG areas among total drug items seized and analyzed by NFLIS laboratories; it was found in 3 items in Texas and 1 item each in Chicago, Detroit, Honolulu, and Minneapolis/St. Paul.

**Quetiapine.** Quetiapine and quetiapine fumarate are antipsychotic drugs marketed as Seroquel®. CEWG areas where quetiapine and/or quetiapine fumarate were analyzed in the first half of 2011 numbered 12 of 23 reporting areas. In NFLIS data, quetiapine did not rank among the top 10 drug items identified in any of the 23 CEWG areas for the first half of 2011 (appendix table 2).

**Gabapentin.** In the first half of 2011, gabapentin (marketed as Neurontin®) was identified in 8 of 23 CEWG areas among drug items seized and analyzed in NFLIS data, although numbers were very low. However, in Boston, gabapentin ranked as the ninth most frequently identified drug item in the reporting period, it was in 2010 (section II, table 1; appendix table 2).

**Synthetic Cannabinoids.** The synthetic cannabinoids JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-203, JWH-210, JWH-250, and the CP 47,497-C9-homolog were identified in 16 CEWG areas. A total of 311 items were identified as synthetic cannabinoids in Texas, and there were 55 such items identified in both Chicago and Maryland. Other areas where synthetic cannabinoids were identified included the following: 43 total items in St. Louis; 24 in Detroit; 17 in San Diego and Atlanta; 13 in Colorado; 10 in Minneapolis/St. Paul; 9 in Phoenix; and 1–3 items in

Denver, Honolulu, Miami, New York City, Seattle, and Washington, DC. Synthetic cannabinoids did not rank among the top 10 drug items identified in any CEWG area.

**Synthetic Cathinones.** MDPV was identified in 16 of 23 CEWG areas among total drug items seized and analyzed in NFLIS forensic laboratories in the first half of 2011. This synthetic cathinone tied for ninth place among NFLIS items identified in this reporting period in Honolulu, although the numbers were small (section II, table 1). Three synthetic cathinones—mephedrone, methylone, and MDPV—were identified in 19 of 23 areas. The four areas with no synthetic cathinones identified in items seized and analyzed were Maine, Philadelphia, Phoenix, and San Francisco. The total of these three drug items ranged from 224 in Texas to 23–26 in Miami, New York City, and St. Louis; 17 items in Minneapolis/St. Paul; and 12 or fewer items in the remaining 13 areas.

**2C-E, 2C-I, and Analogs (Phenethylamines).** 2C-E, 2C-I, 2C-B, 2C-C, 2C-P, and 2C-T-2 drug items were identified in 9 of 23 areas by NFLIS forensic laboratories. The total of these items ranged from 12 in the State of Texas, to 5 in the Minneapolis/St. Paul area and 4 or fewer items in Baltimore City, Chicago, Colorado, Denver, Maryland, St. Louis, and Seattle.

# Appendix Tables

**Appendix Table 1. Total Treatment Admissions by Primary Substance of Abuse for 22 CEWG Areas: 1H 2011<sup>1</sup>**

CEWG Areas	Number of Total Substance Abuse Treatment Admissions by Primary Drug of Abuse								Total (N) <sup>3</sup>
	Alcohol	Cocaine/ Crack <sup>2</sup>	Heroin	Other Opiates	Meth- amphet- amine	Mari- juana	Benzo- diazep- ines	Other Drugs/ Unknown	
1H 2011									
Atlanta	2,378 <sup>4</sup>	475	154	310	242	829	110	89	4,587
Baltimore City	1,518	866	3,502	317	3	1,125	76	28	7,435
Boston <sup>5</sup>	2,604	411	4,328	379	21	258	114	17	8,132
Cincinnati	997	316	758 <sup>6</sup>	— <sup>6</sup>	3 <sup>7</sup>	1,004	16	168	3,262
Colorado	5,885	1,123	1,015	897	2,034	3,161	50	332	14,497
Denver	2,263	562	609	381	684	1,432	20	165	6,116
Detroit	1,560	803	1,397	143	—	677	2	5	4,587
Hawaii	1,486	167	55	NR <sup>8</sup>	1,871 <sup>7</sup>	974	NR	207	4,760
Los Angeles	5,112	2,086	4,866	765	3,879	5,689	87	1,059	23,543
Maine	2,482 <sup>4</sup>	216	492	2,208	23	613	63	224	6,321
Maryland	8,706	2,709	6,216	3,165	12	5,526	325	493	27,152
Minneapolis/St. Paul	5,065	504	1,021	955	647	1,804	64	165	10,225
New York City	11,942	5,898	9,380	1,082	127	10,517	249	481	39,676
Philadelphia	1,876	1,457	1,022	582	12	1,982	420	593	7,944
Phoenix <sup>9</sup>	360	60	283 <sup>6</sup>	111	338	363	NR	27	1,542
St. Louis	2,022	737	1,999	200	177	1,360	36	88	6,619
San Diego	1,486	288	1,597	297	2,055	1,348	NR	82	7,153
San Francisco	3,690	1,765	1,793	311	2,212	1,142	13	676	11,602
Seattle	2,199	624	887	361	589	1,246	21	246	6,173
South Florida/ Broward County	455	174	50	503	3	650	65	139	2,039
South Florida/ Miami-Dade County	560	458	85	105	7	857	28	41	2,141
Texas	18,730	9,851	8,088	5,050	3,816 <sup>7</sup>	15,591	1,061	6,631	68,818

<sup>1</sup>Data are for the first half (1H) of calendar year 2011: January–June 2011.

<sup>2</sup>Cocaine values were broken down into crack or powder/other cocaine for the following areas: Atlanta (crack=345; powder or other cocaine=130); Baltimore City (crack=748; powder or other cocaine=118); Boston (crack=223; powder or other cocaine=188); Maine (crack=83; powder or other cocaine=133); Maryland (crack=2,130; powder or other cocaine=579); Minneapolis/St. Paul (crack=389; powder or other cocaine=115); New York City (crack=3,526; powder or other cocaine=2,372); St. Louis (crack=643; powder or other cocaine=94); Broward County (crack=147; powder or other cocaine=27); Miami-Dade County (crack=276; powder or other cocaine=182); and Texas (crack=4,925; powder or other cocaine=4,926). Breakdowns by type of cocaine were not available for the other areas.

<sup>3</sup>These Ns are used in all percentage calculations involving total treatment admissions data for each area. Treatment data contain unknown primary admissions in Maine (n=186), Minneapolis/St. Paul (n=56), Phoenix (n=27), and Seattle (n=53). Because these cases may be classified as to route of administration and demographic characteristics, they are included in the numbers for these areas and are included with “Other Drugs/Unknown” in this table. Total admissions data for all other areas exclude unknowns. Unknowns are excluded from the “Other Drugs/Unknown” category for Boston and from the total for all drugs in that area in this reporting period, although in past reports this “Other Drug/Unknown” category has included unknowns. This fact makes these numbers noncomparable

with data reported in previous reports for Boston. The category, “No primary drug of abuse” was excluded from the totals in areas where they were shown ((Hawaii [ $n=79$ ], Broward County [ $n=37$ ], and Miami-Dade County [ $n=22$ ])).

<sup>4</sup>Alcohol data for Atlanta are alcohol only=1,188 and alcohol in combination with other drugs=1,190. Alcohol only and alcohol in combination are grouped together in Maine treatment data.

<sup>5</sup>Treatment admission data for Boston do not include admissions younger than 14.

<sup>6</sup>Heroin and other opiates are grouped together in Cincinnati treatment data. Heroin and morphine are grouped together in Phoenix data.

<sup>7</sup>Methamphetamine, amphetamine, and MDMA are grouped together in Cincinnati treatment data. Methamphetamine and amphetamine are grouped together in Texas treatment data. Methamphetamine and stimulants are grouped together in Hawaii treatment data.

<sup>8</sup>NR=not reported by the CEWG area representative.

<sup>9</sup>Treatment data for Phoenix do not include admissions younger than 18.

NOTES: Treatment data coverage for CEWG areas for 1H 2011 includes the following areas and programs. Atlanta data cover the 28-county MSA and include public treatment admissions of all ages. Baltimore City data cover admissions to State-funded programs only in the city of Baltimore. Boston data cover admissions to any program receiving any level of public support in five cities (Boston, Brookline, Chelsea, Revere, and Winthrop) in the metropolitan Boston area, including methadone maintenance (MM) programs; data include admissions 14 and older. Cincinnati data cover admissions to publicly funded treatment programs in Hamilton County, including MM programs. Colorado data include admissions of all ages statewide to all Colorado alcohol and substance abuse treatment agencies licensed by the State and cover MM programs. Denver data cover the Denver/Boulder area and include admissions for all ages to alcohol and substance abuse treatment agencies licensed by the State, including MM programs. Detroit data cover admissions to publicly supported programs (but not from criminal justice entities) only in the city of Detroit. Hawaii data cover the State of Hawaii. Los Angeles data come from Los Angeles County treatment providers with public support and include MM programs. Maine data are for the State of Maine, publicly supported programs only, and include all ages and MM admissions. Maryland data cover admissions to publicly funded providers in the State of Maryland. Minneapolis/St. Paul data cover the five counties of Anoka, Dakota, Hennepin, Ramsey, and Washington in the Twin Cities metropolitan area and include all treatment admissions to licensed providers regardless of funding source. New York City data are for the five boroughs of New York and cover both publicly funded and nonfunded treatment admissions. Philadelphia data are for the city and county (which are the same) and include publicly supported treatment admissions only for people of all ages who are uninsured or underinsured (Medicaid enrollees were not included); some programs provide medication-assisted treatment. Phoenix data are for Maricopa County and cover admissions 18 and older with public support. St. Louis data cover the eastern region of Missouri, including St. Louis City and County and five other counties—Jefferson, Franklin, Lincoln, St. Charles, and Warren—and cover admissions to publicly supported programs. San Diego data are for San Diego County and cover all public providers and subcontractors, as well as private narcotics treatment providers, and include MM programs. San Francisco data include admissions for the five bay area counties (Alameda, Contra Costa, Marin, San Francisco, and San Mateo) for all ages to all publicly funded programs; data are presented with the caveat that the transition to a new computer program may have resulted in missing data. Seattle data are for King County and include admissions of all ages to public pay programs and private pay MM programs. Broward and Miami-Dade County data include all admissions to publicly supported addiction programs, for all ages and MM admissions. Texas data are for all State-funded admissions in Texas.

SOURCE: January 2012 State and local CEWG reports

## Appendix Tables 2.1–2.23. NFLIS Top 10 Most Frequently Identified Drugs of Total Seized and Analyzed Drug Items in Forensic Laboratories for 23 CEWG Areas: January–June 2011

**Appendix Table 2.1. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Atlanta: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	2,209	38.1
Methamphetamine	1,378	23.8
Oxycodone	429	7.4
Alprazolam	343	5.9
Hydrocodone	290	5.0
Marijuana/Cannabis	186	3.2
Heroin	178	3.1
1-(3-Trifluoromethylphenyl)-piperazine (TFMPP)	109	1.9
Amphetamine	84	1.5
Methadone	58	1.0
Other <sup>2</sup>	528	9.1
<b>Total</b>	<b>5,792</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.

<sup>2</sup>All other analyzed items.

**NOTES:**

1. Data are for the 28-county Atlanta/Sandy Springs/Marietta GA MSA: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Counties.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.3. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Boston: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	2,716	23.8
Cocaine	2,571	22.5
Heroin	1,844	16.1
Oxycodone	1,139	10.0
Buprenorphine	442	3.9
Clonazepam	322	2.8
Alprazolam	213	1.9
Amphetamine	138	1.2
Gabapentin	132	1.2
Clonidine	96	0.8
Other <sup>2</sup>	1,814	15.9
<b>Total</b>	<b>11,427</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.

<sup>2</sup>All other analyzed items.

**NOTES:**

1. Data include seven counties in the Boston MSA: Essex, Middlesex, Norfolk, Plymouth, Rockingham, Strafford, and Suffolk Counties.

2. "Negative Results-Tested for Specific Drugs" represents 192 cases and are included under "Other."

3. "No Controlled Drug Identified" represents 154 cases and are included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.2. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Baltimore: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	6,771	40.8
Cocaine	4,936	29.8
Heroin	3,709	22.4
Buprenorphine	276	1.7
Oxycodone	248	1.5
Alprazolam	158	1.0
1-Benzylpiperazine (BZP)	67	0.4
Clonazepam	52	0.3
Methadone	42	0.4
5-Methoxy-N,N-diisopropyl-tryptamine (5-MeO-DIPT)	33	0.2
Other <sup>2</sup>	296	1.8
<b>Total</b>	<b>16,588</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.

<sup>2</sup>All other analyzed items.

**NOTES:**

1. Data are for Baltimore City only.

2. The Maryland State Police Forensic Sciences System is now reporting data to the DEA's NFLIS database, which can be attributed to an increase in drug items compared with previous years.

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.4. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Chicago: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	21,481	58.9
Cocaine	6,986	19.1
Heroin	5,636	15.4
3,4-Methylenedioxy-methamphetamine (MDMA)	329	0.9
Hydrocodone	299	0.8
1-Benzylpiperazine (BZP)	238	0.7
Alprazolam	215	0.6
Phencyclidine (PCP)	156	0.4
5-Methoxy-N,N-diisopropyl-tryptamine (5-MeO-DIPT)	153	0.4
Methamphetamine	153	0.4
Other <sup>2</sup>	846	2.3
<b>Total</b>	<b>36,492</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.

<sup>2</sup>All other analyzed items.

**NOTES:**

1. Data are for 13 counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will Counties in IL; Jasper, Lake, Newton, and Porter Counties in IN; and Kenosha County in WI.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011



**Appendix Table 2.5. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Cincinnati: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	2,233	41.2
Cocaine	1,577	29.1
Heroin	946	17.4
Oxycodone	184	3.4
Hydrocodone	79	1.5
Alprazolam	76	1.4
Clonazepam	38	0.7
Buprenorphine	34	0.6
Diazepam	27	0.5
Methamphetamine	18	0.3
Other <sup>2</sup>	212	3.9
<b>Total</b>	<b>5,424</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for Hamilton County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.6. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Colorado: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	1,856	33.4
Cocaine	1,475	26.6
Methamphetamine	816	14.7
Heroin	365	6.6
3,4-Methylenedioxy-methamphetamine (MDMA)	134	2.4
Oxycodone	133	2.4
Hydrocodone	93	1.7
Psilocybin/Psilocyn/Psilocin/Psilocybine	93	1.7
Alprazolam	52	0.9
1-Benzylpiperazine (BZP)	37	0.7
Other <sup>2</sup>	500	9.0
<b>Total</b>	<b>5,554</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for the State of Colorado.

2. "Noncontrolled Nonnarcotic Drug" represents 195 cases and are included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.7. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Denver: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	1,129	34.2
Marijuana/Cannabis	798	24.2
Methamphetamine	404	12.2
Heroin	327	9.9
3,4-Methylenedioxy-methamphetamine (MDMA)	79	2.4
Oxycodone	62	1.9
Psilocin/Psilocybin/Psilocyn	44	1.3
Hydrocodone	38	1.2
1-Benzylpiperazine (BZP)	30	0.9
Alprazolam	22	0.7
Other <sup>2</sup>	370	11.2
<b>Total</b>	<b>3,303</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for Denver, Arapahoe, and Jefferson Counties.

2. "Noncontrolled Nonnarcotic Drug" represents 195 cases and are included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.8. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Detroit: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	1,999	48.7
Cocaine	841	20.5
Heroin	534	13.0
Hydrocodone	171	4.2
Alprazolam	110	2.7
Oxycodone	37	0.9
5-Methoxy-N,N-diisopropyl-tryptamine (5-MeO-DIPT)	30	0.7
3,4-Methylenedioxy-methamphetamine (MDMA)	25	0.6
1-Benzylpiperazine (BZP)	21	0.5
Codeine	19	0.5
Other <sup>2</sup>	315	7.7
<b>Total</b>	<b>4,102</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for Wayne County.

2. "No Controlled Drug Identified" represents 111 cases and are included under "Other."

3. The Detroit Police Department laboratory data are reported through the Michigan State Police Department. The drug item counts for the Detroit Police Department are included in the Wayne County data.

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.9. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Honolulu: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Methamphetamine	367	49.2
Marijuana/Cannabis	214	28.7
Cocaine	74	9.9
Heroin	15	2.0
Acetaminophen	12	1.6
Alprazolam	12	1.6
Oxycodone	11	1.5
Morphine	6	0.8
Amphetamine	3	0.4
Diazepam	3	0.4
Hydrocodone	3	0.4
Methandrostenedione (Methandienone)	3	0.4
Methylenedioxy-pyrovalerone (MDPV) <sup>2</sup>	3	0.4
Other <sup>3</sup>	20	2.7
<b>Total</b>	<b>746</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>Amphetamine, diazepam, hydrocodone, methandienone, and MDPV are tied for ninth place.<sup>3</sup>All other analyzed items.

NOTES:

1. Data are for Honolulu County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.11. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Maine: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	176	35.3
Oxycodone	84	16.8
Marijuana/Cannabis	52	10.4
Heroin	39	7.8
3,4-Methylenedioxy-methamphetamine (MDMA)	16	3.2
Buprenorphine	16	3.2
Methamphetamine	15	3.0
Hydrocodone	14	2.8
Methadone	9	1.8
Amphetamine	8	1.6
Other <sup>2</sup>	70	14.0
<b>Total</b>	<b>499</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for the State of Maine.

2. "Unknown" represents 23 cases and are included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.10. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Los Angeles: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	7,920	38.8
Cocaine	4,721	23.1
Methamphetamine	4,326	21.2
Heroin	994	4.9
3,4-Methylenedioxy-methamphetamine (MDMA)	516	2.5
Hydrocodone	235	1.2
Phencyclidine (PCP)	166	0.8
Alprazolam	153	0.8
Codeine	83	0.4
Oxycodone	79	0.4
Other <sup>2</sup>	1,231	6.0
<b>Total</b>	<b>20,424</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for Los Angeles County.

2. "Negative Results-Tested for Specific Drugs" represents 233 cases and are included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.12. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Maryland: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	20,791	52.5
Cocaine	7,942	20.0
Heroin	4,987	12.6
Oxycodone	1,553	3.9
Alprazolam	628	1.6
Buprenorphine	592	1.5
Phencyclidine (PCP)	208	0.5
Clonazepam	196	0.5
Hydrocodone	177	0.5
Methadone	165	0.4
Other <sup>2</sup>	2,401	6.1
<b>Total</b>	<b>39,640</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for the State of Maryland.

2. "No Controlled Drug Identified" represents 433 cases and are included under "Other."

3. The Maryland State Police Forensic Laboratory System is now reporting data to the DEA's NFLIS database, which can be attributed to the increase in drug items over previous years.

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.13. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Miami: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	6,600	51.3
Marijuana/Cannabis	2,849	22.1
Oxycodone	674	5.2
Alprazolam	549	4.3
Heroin	304	2.4
Hallucinogen	245	1.9
3,4-Methylenedioxy-methamphetamine (MDMA)	216	1.7
1-Benzylpiperazine (BZP)	86	0.7
Methamphetamine	84	0.7
Hydrocodone	69	0.5
Other <sup>2</sup>	1,190	9.2
<b>Total</b>	<b>12,866</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for the Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties.

2. "Controlled Substance (Unspecified)" represents 440 cases under "Other."

3. "Negative Results-Tested for Specific Drugs" represents 199 cases included under "Other."

4. "No Controlled Drug Identified" represents 75 cases and are included under "Other."

5. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.14. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items Minneapolis/St. Paul: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	795	25.6
Methamphetamine	700	22.5
Cocaine	694	22.3
Heroin	172	5.5
Oxycodone	98	3.2
Acetaminophen	49	1.6
Amphetamine	37	1.2
5-Methoxy-N,N-diisopropyl-tryptamine (5-MeO-DIPT)	34	1.1
3,4-Methylenedioxy-methamphetamine (MDMA)	32	1.0
Cathinone/Cathine	32	1.0
Other <sup>2</sup>	466	15.0
<b>Total</b>	<b>3,109</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for seven counties in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.15. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, New York City: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	8,991	36.2
Marijuana/Cannabis	8,418	33.9
Heroin	2,799	11.3
Oxycodone	802	3.2
Alprazolam	739	3.0
Phencyclidine (PCP)	446	1.8
Methadone	322	1.3
Buprenorphine	278	1.1
Ketamine	261	1.0
Clonazepam	214	0.9
Other <sup>2</sup>	1,591	6.4
<b>Total</b>	<b>24,861</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for the New York City Police Department and five New York boroughs: Bronx, Kings, Queens, New York, and Richmond.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 15, 2011

**Appendix Table 2.16. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Philadelphia: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	4,863	34.4
Marijuana/Cannabis	4,534	32.0
Heroin	1,896	13.4
Oxycodone	862	6.1
Alprazolam	594	4.2
Phencyclidine (PCP)	280	2.0
Codeine	166	1.2
Clonazepam	102	0.7
Hydrocodone	70	0.5
Buprenorphine	67	0.5
Other <sup>2</sup>	721	5.1
<b>Total</b>	<b>14,155</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for Philadelphia County.

2. "No Controlled Drug Identified" represents 226 cases and are included under "Other."

3. "Noncontrolled Nonnarcotic Drug" represents 184 cases and are included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.17. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Phoenix: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	1,946	34.8
Methamphetamine	978	17.5
Heroin	581	10.4
Cocaine	479	8.6
Oxycodone	247	4.4
Alprazolam	154	2.8
Hydrocodone	129	2.3
Carisoprodol	77	1.4
3,4-Methylenedioxy-methamphetamine (MDMA)	66	1.2
Buprenorphine	59	1.1
Other <sup>2</sup>	870	15.6
<b>Total</b>	<b>5,586</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for the Maricopa County.

2. "Unspecified Prescription Drug" represents 170 cases and are included under "Other."

3. Negative Results-Tested for Specific Drugs" represents 99 cases and are included under "Other."

4. "No Controlled Drug Identified" represents 62 cases and are included under "Other."

5. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.18. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, St. Louis: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	3,007	39.6
Heroin	1,252	16.5
Cocaine	968	12.7
Methamphetamine	397	5.2
Hydrocodone	162	2.1
Alprazolam	149	2.0
Oxycodone	131	1.7
Pseudoephedrine	124	1.6
Buprenorphine	57	0.8
Amphetamine	46	0.6
Other <sup>2</sup>	1,302	17.1
<b>Total</b>	<b>7,595</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for the St. Louis MO/IL MSA, which includes St. Louis City and 16 counties: St. Louis, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren, and Washington Counties in MO; and Madison, St. Clair, Macoupin, Clinton, Monroe, Jersey, Bond, and Calhoun Counties in IL.

2. "Negative Results-Tested for Specific Drugs" represents 685 cases and are included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.19. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, San Diego: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	3,365	39.6
Methamphetamine	2,342	27.6
Cocaine	826	9.7
Heroin	517	6.1
Hydrocodone	212	2.5
3,4-Methylenedioxy-methamphetamine (MDMA)	187	2.2
Oxycodone	129	1.5
Alprazolam	108	1.3
Morphine	56	0.7
Clonazepam	51	0.6
Other <sup>2</sup>	703	8.3
<b>Total</b>	<b>8,496</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Data are for the San Diego County.

2. "Unknown" represents 126 cases and are included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.20. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, San Francisco: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Methamphetamine	1,520	34.6
Marijuana/Cannabis	935	21.3
Cocaine	760	17.3
Hydrocodone	180	4.1
Heroin	160	3.6
3,4-Methylenedioxy-methamphetamine (MDMA)	126	2.9
Oxycodone	108	2.5
Methadone	34	0.8
Codeine	33	0.8
Diazepam	26	0.6
Other <sup>2</sup>	509	11.6
<b>Total</b>	<b>4,391</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

## NOTES:

1. Due to laboratory circumstances, data are reported for only four of five counties in the San Francisco/Oakland/Fremont MSA—Contra Costa, Marin, San Francisco, and San Mateo Counties.

2. "Unknown" represents 223 cases and are included under "Other."

3. "Controlled Substance (unspecified)" represents 42 cases and are included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.21. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Seattle: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Cocaine	227	22.6
Methamphetamine	168	16.7
Heroin	149	14.9
Marijuana/Cannabis	146	14.6
Oxycodone	69	6.9
3,4-Methylenedioxy-methamphetamine (MDMA)	50	5.0
Methadone	20	2.0
Alprazolam	16	1.6
Hydrocodone	13	1.3
Phencyclidine (PCP)	13	1.3
Other <sup>2</sup>	132	13.2
<b>Total</b>	<b>1,003</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for King County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.22. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Texas: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	16,081	32.6
Cocaine	11,115	22.5
Methamphetamine	7,123	14.4
Hydrocodone	2,575	5.2
Alprazolam	2,445	5.0
Heroin	1,478	3.0
3,4-Methylenedioxy-methamphetamine (MDMA)	608	1.2
Carisoprodol	602	1.2
1-Benzylpiperazine (BZP)	458	0.9
Amphetamine	387	0.8
Other <sup>2</sup>	6,520	13.2
<b>Total</b>	<b>49,392</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for the State of Texas.

2. The Fort Worth Police Department Laboratory did not report drug exhibits during this time period. The Houston Police Department was not yet reporting drug exhibits to NFLIS.

3. "Negative Results-Tested for Specific Drugs" represents 690 cases and are included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011

**Appendix Table 2.23. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Washington, DC: 1H 2011<sup>1</sup>**

Drug	Number	Percentage
Marijuana/Cannabis	809	40.8
Cocaine	586	29.5
Heroin	194	9.8
Phencyclidine (PCP)	148	7.5
5-Methoxy-N,N-diisopropyltryptamine (5-MeO-DIPT)/5-Methoxy-N,N-dipropyltryptamine (5-MEO-DPT)	68	3.4
1-Benzylpiperazine (BZP)	49	2.5
Methamphetamine	21	1.1
Oxycodone	15	0.8
Buprenorphine	14	0.7
Caffeine	13	0.7
Other <sup>2</sup>	68	3.4
<b>Total</b>	<b>1,985</b>	<b>100.0</b>

<sup>1</sup>January 2011–June 2011.<sup>2</sup>All other analyzed items.

NOTES:

1. Data are for the District of Columbia.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2011



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